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ABSTRACT

This document contains Phase I of the Illinois Department on Aging Human Services Plan for Fiscal Years 1986-1988. It describes planning efforts related to past, current, and future service delivery systems for Illinois' aging services network. The introduction describes the Department on Aging's programs and the service network within which they are provided. Each of the first five chapters contains a detailed description of one of the department's five programs and its specific emphasis: (1) Community Social Services; (2) Alternative Care; (3) Economic Opportunity; (4) Training and Development; and (5) Central Management. Each chapter is introduced with a summary of funds; the program's goal or mission summary; and a description of the program, its specific services, and history. The second section of each chapter describes current program data. The final section of each chapter discusses strategies and priorities for the coming year. Chapter 6 provides tables of regional service data. A map of planning and service areas, Department on Aging organization chart, a list of case coordination units, service definitions (Title III) and service definitions and standards of the Community Care Program are appended. Thirty-two data tables are included. (NB)

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1988 PLAN

Phase I: 1986, '87 and '88

Illinois Human Services Plan/Volume 6

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The Illinois Department on Aging

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1988 PLAN FOR

DEPARTMENT ON AGING

PHASE I: FISCAL YEARS 1986 -1988

Illinois Human Services Plan

Volume 6

In Accordance with Public Act 79-1035

STATE OF ILLINOIS
DEPARTMENT ON AGING
421 EAST CAPITOL AVENUE
SPRINGFIELD 62701

JANET S. OTWELL
DIRECTOR

April 3, 1987

To the Honorable Members of the General Assembly:

The Department on Aging is pleased to submit Phase I of the Human Services Plan for Fiscal Year 1986-1988. As mandated by the Welfare and Rehabilitation Services Planning Act (PA 79-1035), the document describes planning efforts related to past, current and future service delivery systems for the Illinois' Aging network.

This document reflects Illinois' continued commitment to serving its senior population. The Department is focusing on the quality of services provided through implementation of the Quality Assurance Program. The quality theme is discussed throughout Phase I. Other factors impacting future services are reauthorization of the Older Americans Act, the Older Women's Initiative and implementation of the Elder Abuse and Neglect Project on a statewide basis.

The challenge of heightening public awareness and meeting the needs of Illinois' older population continues. We appreciate your cooperation and support in enabling the Department to meet this challenge.

Respectfully,

Janet S. Otwell

Janet S. Otwell
Director

JSO:glw

Enclosure

PARTICIPATING AGENCIES

Volume 1	Department of Children and Family Services* One North Old State Capitol Plaza Springfield, Illinois 62706
Volume 2	Department of Public Aid* 100 South Grand Avenue, East Springfield, Illinois 62704
Volume 3	Department of Corrections* 1301 Concordia Court P.O. Box 4902 Springfield, Illinois 62708-4902
Volume 4	Department of Rehabilitation Services* P.O. Box 1587 623 East Adams Springfield, Illinois 62705
Volume 5	Department of Alcoholism and Substance Abuse (Dangerous Drugs Commission)* 100 West Randolph Suite 5-600 Chicago, Illinois 60601
Volume 6	Department on Aging* 421 East Capitol Springfield, Illinois 62701
Volume 7	Department of Public Health* 535 West Jefferson Springfield, Illinois 62761
Volume 8	Department of Employment Security* 910 South Michigan Avenue Chicago, Illinois 60605
Volume 9	Department of Commerce and Community Affairs Division of Employment and Training Services 620 East Adams Springfield, Illinois 62701
Volume 10	Department of Human Rights 100 West Randolph Street Suite 10-100 Chicago, Illinois 60601
Volume 11	Department of Veterans' Affairs 208 West Cook Street P.O. Box 5054 Springfield, Illinois 62705

Volume 12 Formerly Commission on Delinquency Prevention
No longer available. Youth services have been consolidated in the Department of Children and Family Services.

Volume 13 Division of Services for Crippled Children
University of Illinois
2040 Hill Meadows Drive, Suite A
Springfield, Illinois 62704

Copies of individual plans may be obtained directly from each agency listed above.

*These agencies are mandated by Public Act 79-1035 to produce Human Services Plans.

TABLE OF CONTENTS

	Page
INTRODUCTION	1
I. General Design/Purpose of Plan	3
II. Organization of Plan	3
A. Community Social Services	3
B. Alternative Care Services	4
C. Economic Opportunity Programs	4
D. Training and Development Programs	4
E. Central Management	4
III. Program Funding	5
A. Summary of Funds	5
B. Source of Funds	5
IV. Aging Services Network	7
V. Trends and Strategies	8
A. Reauthorization of the Older Americans Act	8
B. Family Issues	8
CHAPTER 1 - COMMUNITY SOCIAL SERVICES	13
I. Introduction	15
A. Program Description	15
B. Historical Data	16
C. Eligibility and Targeting	19
II. Program Strategies and Priorities	19
A. Area Agencies on Aging	19
B. Access Services	23
C. In-Home Services	23
D. Community Services	23
E. Services through Volunteerism	24
F. Advocacy Services	25
III. Program Data and Analysis	29
A. Targeting	29
B. Access Services	30
C. In-Home Services	30
D. Community Services	31

	Page
IV. Future Directions	31
A. Anticipated Policy and Program Changes	31
B. Critical Policy and Program Questions	33
CHAPTER 2 - ALTERNATIVE CARE	35
I. Introduction	37
A. Program Description	37
B. Historical Data	38
C. Eligibility and Targeting	40
II. Program Strategies and Priorities	40
A. Service Contracts	41
B. Assuring Quality of Service	41
C. Demonstration Projects	42
III. Data Analysis	44
A. Program Expansion	44
B. Home and Community-Based Services Waiver	46
C. Targeting	47
D. Costs	47
IV. Future Directions	48
A. Anticipated Policy and Program Changes	48
B. Critical Policy and Program Questions	49
CHAPTER 3 - ECONOMIC OPPORTUNITY	51
I. Introduction	53
A. Program Description	53
B. Historical Data	55
C. Target Population	56
D. Eligibility	57
II. Program Strategies and Priorities	57
A. Objectives	57
B. Inter-Agency Efforts	58
III. Program Data and Analysis	59

Page

IV. Future Directions 60

A. Anticipated Policy and Program Changes 60
B. Critical Policy and Program Questions 61

CHAPTER 4 - TRAINING AND DEVELOPMENT 64

I. Introduction 66

A. Program Description 66
B. Historical Data 68

II. Program Strategies and Priorities 69

III. Program Analysis 72

A. Major Training Programs 73
B. Other Related Activities 74

IV. Future Directions 75

A. Anticipated Policy and Program Changes 75
B. Critical Policy and Program Questions 75

CHAPTER 5 - CENTRAL MANAGEMENT 76

I. Introduction 78

A. Mission 78
B. History 79
C. Administrative Structure 79
D. Department Responsibilities 81

II. Program Strategies and Analysis 85

A. Planning and Coordination 86
B. Program Management Initiatives 88
C. Review and Evaluation 88
D. Advocacy 88

III. Future Directions 89

CHAPTER 6 - REGIONAL SERVICE DATA 91

I. Obligational Authority and Expenditures 93

II. Resources and Recipients 94

III. Units of Service 95

Page

IV. Resources and Recipients by Sub-State Area 96

V. Units of Service by Sub-State Area 97

APPENDICES 122

Appendix A - Map of Planning and Service Areas 124

Appendix B - Department on Aging Organization Chart 126

Appendix C - Case Coordination Units 127

Appendix D - Service Definitions - Title III 142

Appendix E - Service Definition and Standards - Community Care Program 170

LIST OF DATA TABLES

		Page
Table 1:	Recipient and Funding by Source of Funds, Fiscal Year 1986	10
Table 2:	Recipient and Funding by Source of Funds, Fiscal Year 1987	11
Table 3:	Recipient and Funding by Source of Funds, Fiscal Year 1988	12
Table 4:	Obligational Authority and Expenditures by Source of Funds: Fiscal Years 1986, 1987, 1988	93
Table 5:	Actual, Estimated, and Projected Resources and Fiscal Years 1986, 1987, 1988	94
Table 6:	Actual, Estimated, and Projected Units of Service: Fiscal Years 1986, 1987, 1988	95
Table 7:	Resources and Expenditures by Sub-State Region 1: Fiscal Years 1986, 1987, 1988	96
Table 8:	Units of Service by Sub-State Region 1: Fiscal Years 1986, 1987, 1988	97
Table 9:	Resources and Expenditures by Sub-State Region 2: Fiscal Years 1986, 1987, 1988	98
Table 10:	Units of Service by Sub-State Region 2: Fiscal Years 1986, 1987, 1988	99
Table 11:	Resources and Expenditures by Sub-State Region 3: Fiscal Years 1986, 1987, 1988	100
Table 12:	Units of Service by Sub-State Region 3: Fiscal Years 1986, 1987, 1988	101
Table 13:	Resources and Expenditures by Sub-State Region 4: Fiscal Years 1986, 1987, 1988	102
Table 14:	Units of Service by Sub-State Region 4: Fiscal Years 1986, 1987, 1988	103
Table 15:	Resources and Expenditures by Sub-State Region 5: Fiscal Years 1986, 1987, 1988	104
Table 16:	Units of Service by Sub-State Region 5: Fiscal Years 1986, 1987, 1988	105

		Page
Table 17:	Resources and Expenditures by Sub-State Region 6: Fiscal Years 1986, 1987, 1988	106
Table 18:	Units of Service by Sub-State Region 6: Fiscal Years, 1986, 1987, 1988	107
Table 19:	Resources and Expenditures by Sub-State Region 7: Fiscal Years 1986, 1987, 1988	108
Table 20:	Units of Service by Sub-State Region 7: Fiscaly Years, 1986, 1987, 1988	109
Table 21:	Resources and Expenditures by Sub-State Region 8: Fiscal Years 1986, 1987, 1988	110
Table 22:	Units of Service by Sub-State Region 8: Fiscal Years, 1986, 1987, 1988	111
Table 23:	Resources and Expenditures by Sub-State Region 9: Fiscal Years 1986, 1987, 1988	112
Table 24:	Units of Service by Sub-State Region 9: Fiscal Years 1986, 1987, 1988	113
Table 25:	Resources and Expenditures by Sub-State Region 10: Fiscal Years 1986, 1987, 1988	114
Table 26:	Units of Service by Sub-State Region 10: Fiscal Years 1986, 1987, 1988	115
Table 27:	Resources and Expenditures by Sub-State Region 11: Fiscal Years 1986, 1987, 1988	116
Table 28:	Units of Service by Sub-State Region 11: Fiscal Years 1986, 1987, 1988	117
Table 29:	Resources and Expenditures by Sub-State Region 12: Fiscal Years 1986, 1987, 1988	118
Table 30:	Units of Service by Sub-State Region 12: Fiscal Years 1986, 1987, 1988	119
Table 31:	Resources and Expenditures by Sub-State Region 13: Fiscal Years 1986, 1987, 1988	120
Table 32:	Units of Service by Sub-State Region 13: Fiscal Years 1986, 1987, 1988	121

INTRODUCTION

I. General Design/Purpose of Plan

II. Organization of Plan

- A. Community Social Services
- B. Alternative Care Programs
- C. Economic Opportunity Programs
- D. Training and Development Programs
- E. Central Management

III. Program Funding

- A. Summary of Funds
- B. Source of Funds
  - . Older Americans Act
  - . General Revenue Funds
  - . Social Security Administration
  - . Other

IV. Aging Services Network

V. Trends and Strategies

- A. Reauthorization of the Older Americans Act
- B. Family Issues

ILLINOIS DEPARTMENT ON AGING

INTRODUCTION

I. GENERAL DESIGN/PURPOSE OF PLAN

Each year the Department on Aging and the Departments of Children and Family Services, Alcohol and Substance Abuse, Employment Security, Public Aid, Corrections, Rehabilitation Services and Public Health are required to submit a comprehensive service plan. Public Act 79-1035, the Illinois Welfare and Rehabilitation Services Planning Act mandates the preparation of these documents which comprise the State's plan for the development and provision of social services.

II. ORGANIZATION OF THE PLAN

The Department's document consists of five chapters. The introduction describes the Department on Aging's programs and the service network within which they are provided. A brief overview of the subsequent chapters is included. Services provided by the Illinois Department on Aging (IDoA) are categorized into five program areas including:

- Community Social Services
- Alternative Care
- Economic Opportunity
- Training and Development
- Central Management

Programs are designed to assist both well and vulnerable elderly individuals by providing programs which enhance and improve their quality of life. These programs provide supportive services for individuals capable of self-care, encourage economic and personal independence for older individuals to the extent possible, and provide a continuum of long term care services for vulnerable elderly. The chapters contain detailed descriptions of each program and its specific emphasis.

A. Community Social Services provided through individual grants and the Area Agencies on Aging assist individuals to live independently in the community. Services focus on advocacy, accessibility, in-home care, volunteerism

and community support. Advocacy programs promote the rights of older persons while access programs remove barriers to participation and availability. Community support services and in-home services offer programs designed to assist the elderly individual to remain at home in the community.

Volunteer Programs offer the elderly individual a meaningful activity and the opportunity to assist others. The efforts of Area Agencies on Aging both support and supplement these services.

B. Alternative Care Programs are provided through the Community Care Program to individuals at risk of premature or inappropriate institutionalization. Community-based social and health services are available to needy elderly individuals through these programs.

C. Economic Opportunity programs both identify jobs for the older worker and provide supportive services for older persons seeking employment.

Manpower Assistance identifies jobs for the older person in the private sector and subsidizes jobs in the public sector. Employment assistance services offer job training and counseling services for older persons in the job market.

D. Training and Development Programs utilize seminars, conferences, manuals, visual aids and other training techniques designed to enhance the skills of persons working in the aging network. Training programs focus on staff development and also offer new information about various topics in the field of aging. Through the training process, information about the dynamic needs of the aged and the aging process is widely disseminated.

E. Central Management provides State leadership in the development of comprehensive and coordinated service systems and supports the Area Agencies on Aging efforts at targeting limited resources to those older individuals with the greatest social and economic need. Funds are distributed to the regional Area Agencies on Aging based on the level of demonstrated need.

Each of the five identified programs corresponds to one chapter in this plan. Each chapter is introduced with a summary of funds, the program's goal or mission summary and a description of the program, its specific services

and history. The second section of each chapter describes current program strategies followed by a section presenting an analysis of current program data. In the concluding section of each chapter, strategies and priorities for the coming year are discussed.

III. PROGRAM FUNDING

A. Summary of Funds

The Department allocates resources to the five program areas as follows:

Program Categories	Expenditures ($000's)		
	FY 1986 Actual	FY 1987 Estimated	FY 1988 Recommended
Community Social Services	39,718.0	41,058.7	41,622.4
Alternative Care	68,031.9	77,901.8	86,287.3
Economic Opportunity	2,563.9	2,894.0	2,709.9
Training and Development	240.5	190.0	158.6
Central Management	4,308.8	4,881.6	5,047.4
TOTAL	114,863.1	126,926.1	135,825.6

(For variations in program categories from the Illinois State Budget Book refer to budget explanation on page 54.)

B. Source of Funds

The Department on Aging taps a number of funding sources in providing services and programs to older persons in Illinois.

Older Americans Act of 1986, As Amended

Title III-A supports state administration of Older Americans Act funded programs in Illinois.

Title III-B supports a variety of community social services including counseling, transportation, housing assistance, multi-purpose senior centers, intake functions and case management.

Title III-C funds 51 nutrition programs for the elderly. These programs encompass 610 nutrition sites with locations in each of Illinois' 102 counties. These programs furnish congregate meals and home-delivered meals.

Title V (Senior Community Service Employment Program) provides funding for employment opportunities for seniors 55 years of age and older.

General Revenue Funds

General Revenue Funds support the Community Care Program and experimental programs, the nursing home pre-admission screening initiative, provide state match and support for specific Federal funds, and contribute to management and administrative functions of the Department. State General Revenue Funds are also combined with Federal funds to support older volunteers through the Retired Senior Volunteer Program (RSVP) the Senior Companion Program (SCP) and the Foster Grandparent Program (FGP).

Social Security Administration

Title XIX reimburses the state for 50 percent of the cost of Community Care Program services provided to Medicaid-eligible clients. In addition, 50 percent of the administrative costs for providing services is reimbursable.

The **Social Security Block Grant** is the funding base of the Governor's Donated Funds Initiative (DFI). DFI funds are appropriated by the General Assembly to the Department of Public Aid, and as an allied agency, IDoA, through purchase of service contracts, distributes the funds to local providers. DFI is 75 percent reimbursable by the Federal Government with local agencies providing the required 25 percent match. Department services provided under this program are transportation, counseling and family support.

Other

The **U.S. Department of Agriculture's Commodities Act** expands the nutrition program by providing direct cash payments.

The **Robert Wood Johnson Foundation** provides funds for a demonstration project entitled "Northwest Service Coordination for the Health Impaired Elderly of Cook County."

The **Federal ACTION Agency** supports the Senior Companion Program.

IV. AGING SERVICES NETWORK

Illinois' extensive aging network is composed of the State Unit on Aging (SUA), the Illinois Department on Aging, Area Agencies on Aging, Case Coordination Units (CCU) and service providers. This network is designed to meet the service needs of the State's sixty plus (60+) population.

The State is divided into thirteen (13) regional Planning and Service Areas (PSAs). Planning, coordination and service delivery for each PSA is administered by an Area Agency on Aging. The Department on Aging, as the State Unit on Aging, distributes Older Americans Act and some General Revenue funds to each of the thirteen (13) Area Agencies on Aging on a formula basis contingent upon state approval of the area plan.

Area Agencies on Aging may be not-for-profit agencies or units of local government. In Illinois, twelve (12) not-for-profit agencies and one unit of local government (the City of Chicago) serve as Area Agencies on Aging. The Area Agencies on Aging are mandated to advocate for the needs of the elderly population in their geographic regions (PSAs) and coordinate with other agencies and organizations to establish local priorities.

Case Coordination Units, created in 1983, function as gatekeepers to the State Long Term Care system and coordinate and integrate community-based long term care services available throughout the entire aging network. Fifty-eight (58) agencies, including senior centers, health departments, visiting nurse associations and social service, agencies have been designated as CCUs. Case managers, employed by CCUs, assess applicant/client needs, determine program eligibility, coordinate service delivery and generally manage service needs on a regular basis. The CCUs are supported through a combination of state and federal funds.

The direct service delivery system is comprised of agencies funded by the Community Care Program (CCP) and Title III. Some agencies receive both Title III and Community Care Program funds. CCP vendors are awarded state funds through Purchase of Service Agreements. Services provided by CCP vendors are chore-housekeeping, homemaker, adult day care and demonstration project services (home health and senior companion). Title III grantees offer a wide range of home and community-based services including congregate and home delivered meals, transportation, information and referral, and legal assurance.

V. TRENDS AND STRATEGIES

A. Reauthorization of the Older Americans Act

The Older Americans Act enabled development of the aging network providing social and nutrition services for persons age sixty or older. Since passage in 1965, the Act has been reauthorized once every three years. Current authorization will expire on September 30, 1987. (Refer to Chapter 1 - Community Social Services for details.)

Several proposals affecting reauthorization have surfaced during the past year. These include:

1. Consolidation of Titles III-B, III-C1 and C2 into one Title III grant. Currently, states have authority to transfer funds between titles.

2. Assigning dollar levels to each Title of the Act.

3. Raising the eligibility age from sixty (60) to seventy (70) years.

4. New language for better targeting on the vulnerable elderly.

5. Proposed mandatory cost sharing. Currently, Older Americans Act services are available to persons sixty (60) or more years who are in need and for whom services are available. Cost sharing is on a voluntary contribution basis.

6. Establishment of a new Title III-D to augment the Long Term Care Ombudsman Program and establish a quality assurance program for community-based in-home services.

The Illinois Council on Aging has created a special committee that will solicit input on these issues and forward them to legislators and the Department.

B. Family Issues

Families, friends and neighbors provide the majority of the assistance required by older persons who reside in the community. The type of support provided can range from direct personal care to assistance with insurance forms or transportation to the local grocery store. The

Department is committed to supporting the family in its efforts to help the older person to maintain independence. Formal service systems such as the Community Care Program or Older Americans Act services are designed to supplement the family's efforts by offering staff trained to perform tasks associated with such activities as personal care or household assistance.

The formal and informal services networks complement each other as trained staff can also provide needed respite to family members who often have many demands on their time. During the past year, the Department has focused on assisting the family members and caregivers of older persons suffering from Alzheimer's Disease and related disorders. Special demonstration projects were funded through which adult day care staff received intensive training on the behavior of the client, special programming techniques and best practices to be used when caring for these individuals.

A positive outgrowth of the staff training has been the staff's ability to better understand the confused older person and to share these insights with family members. In the coming year, the Department intends to expand the adult day care staff training to all adult day care programs serving the CCP clients.

The Department participates in ongoing academic research pertaining to the family caregiving issue. During 1986, the Department funded a joint study, in conjunction with the University of Illinois and the Illinois Association of Family Service Agencies (IAFSA), to examine new approaches toward supporting family involvement in the care of their elderly members. The study entitled, "Paid Family Caregiving: A Policy Option for Community Long Term Care," presents:

- other State policies and practices regarding paid family caregiving;

- an analysis of paid family caregiving in Illinois' closed 310 subsystem of the chore-housekeeping service; and

- the feasibility of paid family caregiving as a policy option in Illinois.

Copies of the Executive Summary of the report are available through the Illinois Department on Aging, Division of Long Term Care. The Department involvement in innovative programming and research underscores its commitment to maintaining family caregiving relationships.

Illinois Department on Aging

TABLE 1

Recipient and Funding (by Source of Funds) by Program and Service FY 86

	Total		GRF & Other State	Federal				Other	Title XX Donated Funds
	Actual Expenditures	Recipients		OAA III-B	OAA III-C	OAA IV	OAA V		
1. Community Soc. Serv.	39,718.0	714,404	2,826.8	14,801.2	22,090				(1,097.6)
A) AAA Activities	5,801.7	N/A							
B) Access	9,702.6	372,235							
C) In-Home	8,029.7	43,430							
D) Community	15,544.9	253,929							
E) Volunteer	375.0	12,594							
F) Advocacy	84.1	25,000							
G) Other	180.0	7,216							
2. Alternative Care	68,031.9	22,085	66,009.5					(1)2,022.4	
A) Homemaker	25,927.2	7,923							
B) Ch-Housekeeping	29,073.3	12,962							
C) Adult Day Care	3,620.8	1,200							
D) Assessment	1,866.7	(45,689)							
E) Case Management	2,393.5	(19,945)							
F) Plng. & Adm. Supp.	2,962.8	N/A							
G) Demo. Projects	(2) 784.5	N/A							
H) Other	(3)1,403.1	N/A							
3. Economic Opportunity	2,563.9	787	143.8				2,420.1		
A) Manpower	2,420.1	787							
B) SESP	143.8	N/A							
4. Training & Develop.	240.5	6,292		138.4		94.7		(4) 7.4	
A) Training	145.8	6,292							
B) Employee Assist.	94.7	N/A							
5. Central Management	4,308.8	N/A	2,677.9	1,476.0			106.1	(5) 48.8	
TOTAL	114,863.1	743,658	71,568.0	16,415.6	22,090	94.7	2,526.2	2,078.6	

(1) Client Fees
(2) Total of Home Health (83.4), Respite Care (24.9), Alzheimer's Initiative (195.3), In-Home Service (458.9) and Senior Companion (22.0)
(3) Total of Outstanding Obligations (265.9), Special Projects (1,037.0) and Additional Reimbursements (100.2)
(4) Advocacy Grant
(5) Robert Wood Johnson Foundation
N/A - Not Applicable
Numbers in parenthesis are not included in program totals

Illinois Department on Aging

TABLE 2

Recipient and Funding (by Source of Funds) by Program and Service FY 87

		Total		GRF & Other State	Federal				Other	Title XX Donated Funds
		Estimated Expenditures	Recipients		OAA III-B	OAA III-C	OAA IV	OAA V		
1.	Community Soc. Serv.	41,058.7	659,651	4,008.5	14,094.7	22,955.5			(1) (80.0)	(1,159.9)
	A) AAA Activities	6,179.0	N/A							
	B) Access	9,964.0	356,064							
	C) In-Home	8,248.2	36,724							
	D) Community	16,003.0	239,190							
	E) Volunteer	367.5	12,785							
	F) Advocacy	147.0	10,602							
	G) Other	150.0	4,286							
2.	Alternative Care	(2)77,901.8	23,246	(2)77,901.8						
	A) Homemaker	32,288.8	8,459							
	B) Ch/Housekeeping	33,161.9	13,487							
	C) Adult Day Care	4,134.4	1,300							
	D) Assessment	1,808.6	(43,801)							
	E) Case Management	2,639.3	(21,815)							
	F) Plng & Adm. Supp.	3,099.5	N/A							
	G) Demo. Projects	(3) 671.3	N/A							
	H) Other	(4) 98.0	N/A							
3.	Economic Opportunity	2,894.0	824	294.0				2,600.0		
	A) Manpower	2,600.0	824							
	B) SESP	294.0	N/A							
4.	Training & Develop.	190.0	5,300		140.0		50.0			
	A) Training	140.0	5,300							
	B) Employment Assist.	50.0	N/A							
5.	Central Management	4,881.6	N/A	3,055.8	1,603.6			112.2	(5) 35.0 (6) 75.0	
	TOTAL	126,926.1	689,021	85,260.1	15,838.3	22,955.5	50.0	2,712.2	110.0	

(1) Developmental Disability Service Act
(2) Includes Client Fees
(3) Total of Home Health (205.8), Respite Care (147.0), Alzheimer's Initiative (294.0) and Senior Companion Match (24.5)
(4) DON Revalidation Study
(5) JTPA - Non Appropriated
(6) Robert Wood Johnson
N/A - Not Applicable
Numbers in parenthesis are not included in program totals

IL-402-0274

Illinois Department on Aging

Recipient and Funding (by Source of Funds) by Program and Service FY 88

TABLE 3

		Total		GRF & Other State	Federal				Other	Title XX Donated Funds
		Recommended Expenditures	Recipients		OAA III-B	OAA III-C	OAA IV	OAA V		
1.	Community Soc. Serv.	41,622.4	660,632	3,274.5	14,546.1	23,801.8				(1,159.9)
	A) AAA Activities	6,104.4	N/A							
	B) Access	9,843.8	356,755							
	C) In-Home	8,148.6	36,724							
	D) Community	15,808.1	238,536							
	E) Volunteer	367.5	12,785							
	F) Advocacy	1,200.0	11,546							
	G) Other	150.0	4,286							
2.	Alternative Care (1)	86,287.3	24,939	(1)86,287.3						
	A) Homemaker	37,335.5	9,476							
	B) Ch/Housekeeping	35,871.3	14,055							
	C) Adult Day Care	4,302.8	1,408							
	D) Assessment	1,906.3	(44,390)							
	E) Case Management	2,800.6	(24,263)							
	F) Plng.& Adm. Supp.	3,099.5	N/A							
	G) Demo Projects	(2) 971.3	N/A							
3.	Economic Opportunity	12,709.9	787	293.5				2,416.4		
	A) Manpower	2,416.4	787							
	B) SESP	293.5	N/A							
4.	Training & Develop.	158.6	5,600		148.3		10.3			
	A) Training	148.3	5,600							
	B) Employment Assist.	10.3	N/A							
5.	Central Management	5,047.4	N/A	3,243.4	1,691.8			112.2		
	TOTAL	135,825.6	691,958	93,098.7	16,386.2	23,801.8	10.3	2,528.6		

(1) Includes Client Fees

(2) Total of Home Health (205.8), Respite Care (147.0), Alzheimer's Initiative (294.0), Alzheimer's Pilot Projects (300.0) and Senior Companion Match (24.5)

N/A - Not Applicable

Numbers in parenthesis are not included in program totals

CHAPTER 1

COMMUNITY SOCIAL SERVICE

I. Introduction

A. Program Description
- Summary of Funds
- Program Need

B. Historical Data
C. Eligibility and Targeting

II. Program Strategies and Priorities

A. Area Agencies on Aging
- Advocacy
- Administration
- Services Development
- Service Systems Development

B. Access Services
C. In-Home Services
D. Community Services
E. Services through Volunteerism
F. Advocacy Services
- Elder Abuse
- Nursing Home Ombudsman Program

III. Program Data and Analysis

A. Targeting
B. Access Services
C. In-Home Services
D. Community Services

IV. Future Directions

A. Anticipated Policy and Program Changes
- Revised Intra-state Funding Formula
- Implementation of Statewide Elder Abuse and Neglect Program
- Case Management Standards
- Elimination of Federal Revenue Sharing Funds

B. Critical Policy and Program Questions
- Reauthorization of the Older American's Act in 1987
- Development of FY 1989 - 1991 State Plan and Area Plans

CHAPTER 1

COMMUNITY SOCIAL SERVICES

I. INTRODUCTION

During Fiscal Year 1988, the Illinois Department on Aging (IDoA) will continue its partnership with the thirteen (13) designated Area Agencies on Aging (AAAs), the aging network service providers, and the other state agencies to maximize the availability of services for Illinois' older persons. The accessibility of services for older persons has been enhanced by the successful development of the statewide network of Case Coordination Units (CCUs). The success that CCUs have had in linking older persons with needed services is one tangible result of cooperation and coordination between IDoA, the AAAs and local service providers. Continued cooperation between IDoA, the AAAs, the aging network service providers, and other State agencies is an essential component ensuring the success of other initiatives such as the Sub-State Ombudsman Program and the Senior Employment Specialist Program (SESP). This same level of cooperation will also be needed as IDoA begins to implement a statewide Elder Abuse Program during Fiscal Year 1988.

A. Program Description

IDoA funds a wide range of services under Title III of the Older Americans Act (OAA) through grants to the thirteen (13) AAAs. Title III services address needs of senior citizens in five areas: access services, advocacy, volunteerism, in-home care services, and community support services. All persons age sixty (60) and over are eligible for services under the Older Americans Act; however, in accordance with Federal law, preference is given to those older persons in greatest economic or social need.

Summary of Funds

Community Social Service	FY 86 Actual	FY 87 Estimated	FY 88 Recommended
Expenditures ($000s)	39,718.0	41,058.7	41,622.4
Recipients	714,404	659,651	660,632
Units of Service	14,102,802	14,001,853	13,991,482
Average Cost/Unit*	3.92	4.34	4.38

*Average Cost/Unit was calculated by including program income and related match.

Program Need

In 1970, 14.2 percent of the population in Illinois was 60 years of age and older. By 1980, that percentage had increased to 15.6. Many elderly are on fixed incomes. Those who have remained in their own homes spend nearly 80 percent of their income on food, shelter, utilities, medical care, transportation and taxes. As costs continue to rise, remaining in their own homes will take an even greater percentage of seniors' income. A well planned and functioning network of services targeted for older persons is imperative.

Historically, two major barriers to service delivery have been the older person's lack of awareness of existing services and/or their inability to access known services. This latter condition is most likely the result of an increased impairment level, loss of mobility, and/or the loss of significant family members or friends who have assisted the older person in accessing services. Recognizing these barriers, IDoA and the AAAs continue to make concerted efforts to increase awareness of services and to provide access services such as transportation, case management, and information and referral. In addition, the support and strengthening of family and informal resources remains a continuing objective.

The continued success of these efforts is producing an increasing number of individuals inquiring about and requesting services. Also contributing to the demand for services has been the continuing growth in the number of older persons.

B. Historical Data

The Older Americans Act was enacted in 1965. The Act's purpose was to give older Americans increased opportunities for participating in the benefits of American society. A ten point set of broad policy objectives aimed at improving the lives of older people was established by Congress with this Act. Created in an environment of rising societal concerns for the poor and disadvantaged, the Act embraced the following ten objectives for assuring older Americans:

- **an adequate income in retirement**
- **the best possible physical and mental health**
- **suitable housing**
- **full restorative services**
- **opportunity for employment**
- **retirement in health, honor and dignity**
- **pursuit of meaningful activity**
- **efficient community services**
- **immediate benefit from proven research knowledge**
- **freedom, independence and the free exercise of individual initiative**

In March of 1972, the President signed into law the "Nutrition Program for the Elderly Act" which authorized $100 million for a national nutritional services program for the elderly. The Act specified that greatest priority was to be given to serving those individuals in greatest need of nutrition and social services.

Major changes in the Older Americans Act were made in 1973. Under the amended Title III, SUAs were required to divide their states into planning and service areas (PSAs) and designate the AAAs as the visible focal points to administer services within those areas. AAAs were assigned chief responsibility for planning, coordinating, developing, and pooling resources to assure the availability and provision of a comprehensive range of services at the substate level. By including the AAAs in the expanded Title III, the third piece in the three tiered system for providing social services to older persons - federal, state, and local -was put into place.

The 1975 Amendments made extensive changes to the Title III grant program. The 1975 Amendments added a provision to the Act that allowed the Commissioner to make direct grants to Indian tribes if they were not receiving benefits under Title III.

Priority services were mandated for the first time, calling for state and local action to develop services and programs in the following areas: (1) transportation services, (2) home services, including homemaker, home health, shopping, escort, reader, and letter writing, (3) legal and other counseling services and assistance, including tax and financial, and (4) residential repair and renovation programs.

The 1978 Amendments to the Act were substantial. The Act was reauthorized for three years. Among the significant issues considered by the Congress at that time were: (1) how to improve State and Area Agency accountability, coordination, and operating efficiency, (2) how to improve resource allocation among existing services, and (3) the desirability of serving those in greatest economic or social need.

Among the many changes made in the Act by the 1978 Amendments were those that consolidated Title III (Social Services), Title V (Multipurpose Senior Centers), and Title VII (Nutrition Services) into one Title III. In addition, a separate authorization was given for home delivered meals. Although these titles were consolidated, Congress retained separate funding authorities for social services (Title III-B), congregate meals (Title III-C-1), and home delivered meals (Title III-C-2).

The 1981 Amendments to the Act were relatively minor. Congress' intent was to streamline and improve the efficiency of programs, increase flexibility to meet local needs, and increase the participation of older persons in the operation of programs intended to serve them.

The 1984 Amendments reauthorized the Older Americans Act for three years, federal Fiscal Years 1985, 1986 and 1987. The 1984 Amendments served in essence to clarify and reaffirm the roles of SUAs and AAAs in coordinating community-based services and in maintaining accountability for the funding of national priority services (access, in-home and legal).

For the State as a whole, the 1980 Census shows that 11.0 percent of all people and 11.9 percent of the sixty (60) and over population have income at or below the poverty level. In 1980, 9.9 percent of the elderly population were members of minority groups, compared to 8.5 percent

in 1970. In 1970, 22.2 percent of the elderly population lived alone, while in 1980 39.8 percent lived alone. The percent of people age 75 and over increased from 26.9 percent in 1970 to 28.2 percent in 1980. (All figures were obtained from the 1970 and 1980 Census Reports.)

Service data indicate that 68.1 percent are vulnerable and in need of services. The elderly population is now larger in number, older in age (higher percent living longer), more likely to live alone, made up of more minority members and more living below or near the poverty level than before. Those elderly persons living below or near the poverty level lack adequate resources to purchase needed services while those elderly persons living alone often need the supportive services usually provided by a spouse or children. Equity studies typically reveal that the minority elderly's need for service is from two to three times as great as is the need of non-minority elderly and they have fewer resources available to meet their needs.

C. Eligibility and Targeting

The Older Americans Act specifies that all older persons are eligible for services regardless of income. Generally, older persons are defined as those individuals who are age 60 and over and their spouses. Preference must be given to those with the greatest economic or social need. States and AAAs cannot use income screening to determine eligibility for services. However, as funds become more limited, options for targeting services to the most vulnerable are being explored. The local AAAs continue to assure that a wide array of services are offered in their PSAs. Those offered and the number of participants being served can be seen in Tables 5-32.

II. PROGRAM STRATEGIES AND PRIORITIES

A. Area Agencies on Aging

Area Agencies on Aging are designated by IDoA to administer the Older Americans Act in their planning and service areas. An AAA can be a unit of local government or a private non-profit agency or organization. AAAs are responsible in general for the following:

1. To develop an area plan for a comprehensive and coordinated service system to meet the needs of the elderly;

2. To conduct periodic evaluations of activities carried out under the plan;

3. To integrate the views of recipients of services into general policy during the development and administration of area plan;

4. Where possible, to enter into arrangements with organizations providing day care services for children providing opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children;

5. To establish an advisory council consisting of older individuals (including minority individuals) who are participants under the OAA, representatives of older individuals, local elected officials, and the general public to advise the area agency on all matters relating to the development, administration and operations conducted under the plan;

6. To develop and publish methods by which priority of services is determined;

7. To establish effective and efficient procedures for coordination between the programs assisted under this title and programs;

8. To conduct efforts facilitating the coordination of community-based long term care services designed to retain individuals in their homes, thereby deferring unnecessary, costly institutionalization, and designed to emphasize the development of client-centered case management systems as a component of such services;

9. To identify the public and private nonprofit entitites involved in the prevention, identification, and treatment of the abuse, neglect, and exploitation of older individuals. Based on such identification, determine the extent to which the need for appropriate services for such individuals is unmet; and

10. To facilitate long term care providers in the coordination of community-based long term care services and to ensure community awareness of the needs of residents of long term care facilities.

Advocacy

Under the Older Americans Act (OAA), AAAs have the following advocacy responsibilities:

1. Monitor, evaluate, and where appropriate, comment on all policies, programs, hearings, levies, and community actions which affect older persons;

2. Solicit comments from the public on the needs of older persons;

3. Represent the interest of older persons to local level and executive officials, public and private agencies or organizations;

4. Carry out activities in support of the State administered long term care ombudsman program; and

5. Coordinate planning with other agencies and organizations to promote new and expanded benefits and opportunities for older persons.

Administration

Under the OAA, AAAs have the following administrative responsibilities:

1. To administer the program, the area plan and all applicable regulations, policies and procedures established by the Commissioner or the Secretary of HHS;

2. Utilize such methods of administration for the proper and efficient administration of the area plan;

3. To ensure that uniform administrative requirements and cost principles are in compliance with the relevant provisions for 45 CFR Part 74 except where these provisions are superseded by statute;

4. Provide a program of appropriate training for all positions and volunteers, if applicable;

5. Maintain sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for all funds under the area plan;

6. Implement such regulations, standards and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations;

7. Agree to furnish such reports and evaulations to IDoA as specified;

8. Ensure that all providers of service under the area plan operate in conformance with all applicable Federal, State, and local fire, health, safety and sanitation and other standards prescribed in law or regulations. The Area Agency provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed;

9. Ensure that area plan amendments will be made in conformance with applicable program regulations; and

10. Ensure that in order to avoid conflict of interest, and violation of Federal regulations of such conflicts, a person who is employed by an agency that recieves area agency funds is not an area agency board member.

Services Development

Another major function of an AAA is to shape and encourage direct service development in the PSA. Emphasis is placed on strengthening the effectiveness of the existing system. Strategies for achieving improvements must take into account the area's service utilization patterns and geographic boundaries of communities and neighborhoods.

Service Systems Development

A prime function of AAAs is to provide for the establishment of a "comprehensive and coordinated system" for the delivery of social and other needed services. Since Title III funds cannot be expected to cover all service costs, emphasis is generally given to developing expanded local support. Integral to any AAA's success are its efforts related to pooling and coordinating the area's resources.

Pooling is a technique used to bring in cash or in-kind resources for expanding local aging services. Possible sources include: public, private and voluntary agencies, community organizations, citizens groups, foundations, banks, utilities, manufacturers, etc. In comparison, the Area Agencies on Aging coordination activities focus on improving an older person's access to and use of existing services. In this regard, the AAAs encourage communication among service provider agencies, integrate services, providing training in community organization, and engage in joint planning.

B. Access Services

OAA strives to increase the availability of services for senior citizens by providing access services that link older persons to needed services. These services are provided to increase the accessibility and utilization of existing services. The following six (6) access services are eligible for funding by AAAs: (See Appendix D for definitions.)

1. Case Management
2. Escort
3. Individual Needs Assessment
4. Information and Referral
5. Outreach
6. Transportation

C. In-Home Services

The Older American's Act provides funds for in-home services allowing many older persons to remain in their own homes. These services are targeted to those elderly in greatest social and economic need and are designed to prevent the premature institutionalization of senior citizens. The following eight (8) in-home services are eligible for funding by AAAs. (Refer to Appendix D for definitions.)

1. Adult Day Care
2. Chore Housekeeping
3. Friendly Visiting
4. Home Delivered Meals
5. Home Health
6. Homemaker
7. Residential Repairs and Renovation
8. Telephone Reassurance

D. Community Services

The OAA provides funds for community support services to meet the varied needs of older persons in order to

maintain their quality of life. There are ten (10) community services eligible for funding by AAAs. (Refer to Appendix D for definitions.)

1. Congregate Meals
2. Counseling
3. Education
4. Employment Assistance
5. Health Screening
6. Housing Assistance
7. Legal Assistance
8. Multipurpose Senior Center
9. Ombudsman
10. Recreation

E. Services Through Volunteerism

The Illinois Department on Aging is an active member of a volunteer network incorporated under one umbrella through the Federal ACTION Agency's Older American Volunteer Program (OAVP). Specifically, the Department provides $367,500 in state funds for non-federal match requirements for 23 Retired Senior Volunteer Program (RSVP) and nine (9) Foster Grandparent Program (FGP) projects. The purpose of the OAVP is to promote volunteer opportunities for older persons in community settings. Many of the RSVP and FGP activities directly support the Department's priorities and provide additional cost-savings to nutrition projects, social services and the Community Care Program. The state funds provide for insurance, out-of-pocket and other expenses to the older person who could not otherwise volunteer.

As agencies compromise to do more with less, volunteers become more vital to the aging network's operations. Volunteer services afford older persons opportunity to participate and contribute through productive and meaningful service activities. In Fiscal Year 1987, 12,785 senior volunteers will donate more than 2.8 million hours in areas such as:

- coordination with Head Start projects for intergenerational service cooperation;

- nutrition projects;

- health promotions for the elderly;

- nursing home visiting.

RSVP and FGP are distinct from most services for older persons in that they view seniors as a community resource - a single solution rather than a problem. Through the RSVP and FGP, older persons are providers rather than recipients of services. State funding for these programs enables over 12,000 volunteers to make significant contributions to the quality of life for people in Illinois.

F. Advocacy Services

Elder Abuse

During the 1984 Spring Session, the Illinois General Assembly passed two pieces of legislation creating the Elder Abuse Demonstration Act. The legislation was signed into law by the Governor August 1, 1984, with activities beginning in the four demonstration areas in March 1985. The legislation directed the Department to gain information on the incidence of abuse in Illinois, to determine the most effective intervention, and the necessity and cost estimates of a statewide elder abuse intervention program.

Three intervention models are currently being tested in portions of planning and service areas; Advocacy (PSA 1 and 2), Legal Intervention (PSA 13), and Child Abuse/Mandatory Reporting (PSA 11).

Data collected on the 495 older persons served through this program show that an abused older person is likely to be female, 77 years old, and widowed. Two-thirds of the clients have some chronic health condition and one-third of the clients seen were reported to be disoriented.

The program indicated that the current service delivery system is not in a position to adequately serve this special client/abuser group. While the current Title III case management/CCP system assesses the physical and functional abilities, financial status and social supports of an older person to determine the need for in-home services, there is likely to be an identified gap

between abuse cases and LTC clients. Examples considered are the reported cases of financial exploitation which have been over half of the cases reported within the demonstration areas. The financially exploited older person may not need in-home care, but rather legal assistance. Other service gaps identified are funding an appropriate guardian providing handicapped accessible shelters or emergency housing for the victim, and alleviating stress factors of the immediate caregiver. Likewise, it was found that 92% of those older persons served through the demonstration projects were not known to or receiving services through the aging network prior to intervention.

Activities under the Elder Abuse Demonstration Program Act will be completed June 30, 1987. Based on the significant data analyzed from the demonstration projects the Department is supporting two legislative proposals:

1) to establish a statewide program, based on voluntary reporting, during FY 1988 for abuse and neglected cases; and

2) to extend the Elder Abuse Demonstration Program Act to September 30, 1987.

The legislation proposes to establish a comprehensive elder abuse and neglect program for persons over the age of 60 in danger of abuse, including financial exploitaation and passive neglect. The legislation is also designed to provide immunity from civil or criminal liability for those persons reporting and investigating cases of abuse. In order to implement the requirements of the legislation, the Department's appropriation request includes $1.2 million for elder abuse and neglect.

The Department does not recommend establishing a new service structure to address this problem but recommends enhancing the current service delivery system. The Department views itself as taking the leadership role in this statewide effort and would have the overall responsibility for management and design of the elder abuse program. It would designate a regional administrative agency within each planning and service area and distribute to the regional agency funding per an approved plan. In turn, the Regional Administrative Agency would designate provider agencies to receive reports of alleged abuse/neglect, provide in-home

assessments, develop a care plan, provide necessary case work and follow-up services, and ancillary supportive services.

Proposed components necessary for statewide program described below are either not currently available through public funding or are not available at the anticipated levels needed to serve abused and neglected older persons:

- Assessment - a standardized format used to substantiate abuse, determine intentionality, competency level, and service needs of the alleged victims.

- Treatment Team - a group of professionals including representatives from the medical and legal fields who could assist and develop alternatives for the treatment plan (care plan) on substantiated cases and ultimately to review the status of the cases on an on-going basis. This component may be available on a demonstration basis only for further study.

- Case Work - includes the development and implementation of the treatment plan, following the completion of the assessment.

- Follow-up - this monitoring procedure can detect recurring signs of abuse before the situation becomes life-threatening and before the client enters a more costly environment. 7.2% of the reports received by the demonstration projects are the second report on the same alleged victim. 1.2% are a third report.

- Public Education - the development of a standardized public education program to educate potential reporters.

- Ancillary Services - To provide the availability of supportive and protective services to assist the alleged victim and caregiver where service gaps have been identified. Services considered are legal assistance, emergency housing, counseling, respite and emergency aid.

The implementation process is suggested to begin on October 1, 1987. Gradually phasing in the program has been highly promoted by the Department with a statewide program effective September, 1988. This will allow the Department adequate time to finalize policies, procedures, public education efforts and to provide

appropriate training for all levels of expertise involved in the development of the program after legislation is passed.

Nursing Home Ombudsman Program

The Nursing Home Ombudsman Program is administered by the Illinois Department on Aging. This program is a result of the Older Americans Act, as amended, which requires the Department to establish a long-term care ombudsman program to meet and protect the needs of institutionalized older persons. The Department on Aging advocates on behalf of elderly residents by coordinating with other State agencies involved with long term care facilities; monitoring the development of laws, regulations, and policies that relate to nursing homes, and sponsoring training in support of the Nursing Home Ombudsman Program.

Recognizing the need for local involvement in developing a successful statewide Ombudsman Program, in 1984 the Department established a Sub-State Program through the Area Agencies on Aging. A Sub-State Ombudsman has been designated in each of the thirteen Planning and Service Areas (see Appendices) to work with nursing home residents, families, community groups, and nursing home environment. Responsibilities of the Sub-State Program are:

- Developing a "regular presence" in nursing homes to become acquainted with the facility, its management and employees, and, most importantly, the elderly residents as a prerequisite to building the knowledge and trust necessary for effective ombudsman services;

- Identifying and seeking solutions to non-regulatory problems encountered by elderly nursing home residents, their friends and family;

- Referring regulatory complaints involving long-term care facilities and their residents to appropriate agencies and monitoring the resolutions; and

- Establishing an advisory group to the Sub-State Ombudsman Program with the responsibility to render advice and support to the Ombudsman staff in all matters pertaining to the program.

The State and Sub-State Programs are also involved in the following activities:

- Advocating for and providing information on resident's rights;

- Assisting older persons and their families seeking nursing home placement to find an appropriate facility and disseminating information about long term care facilities;

- Coordinating with existing volunteer nursing home visitor programs and developing new programs, as needed; and

- Assisting in the development of community, resident, and family councils.

During Federal Fiscal Year 1986, the Ombudsman and volunteers of the Nursing Home Ombudsman Program visited with over 16,000 older persons residing in 412 licensed long-term care facilities. In addition, the Sub-State Ombudsmen responded to 1,750 inquiries, investigated 1,811 problems/complaints and worked with the nursing home staff, the residents and their families to resolve them.

III. PROGRAM DATA AND ANALYSIS

A. Targeting

Under Title III of the Older Americans Act and in conjunction with Illinois' AAAs, IDoA funds access services, in-home services, and community services. All persons age 60 and over are eligible for Title III services, although Federal law requires that the program focus on the elderly with the greatest social or economic need. Due to changes in the economic status of older persons, performance indicators have been revised as follows:

Performance Indicator	FY 84 Actual	FY 85 Actual	FY 86 Actual	FY 87 Estimated	FY 88 Projected
Clients in poverty (%)	41.5	38.5	35.8	38.2	38.1
Clients in greatest social need* (%)	59.9	62.3	63.3	66.7	67.1

*Indicators of greatest social need are minority, 75 years of age or more and living alone.

With an increasing number of older persons eligible for and requesting Title III services, and no significant increase in Older American funds, the Department began developing alternative resources. As part of this effort

IDoA enhanced coordination and service effectiveness through the use of Case Coordination Units (CCUs). The Department utilized a systematic approach to link aging services with health related agencies (local and State). Alternative resources are also being sought through volunteer programs and private sector endeavor.

B. Access Services

The following is a comparative illustration statewide of both the number of persons receiving access services and the number of units of access services provided by Title III and General Revenue Funds:

Access Services	FY 87 (Estimated) Units	Persons	FY 88 (Projected) Units	Persons
Case Management	366,695	66,368	372,772	66,577
Escort	8,960	686	8,920	676
Individual Needs Assessment	9,354	11,343	9,284	11,293
Information and Referral	401,923	205,499	401,073	205,054
Outreach	92,497	37,159	95,387	38,344
Transportation	1,281,346	35,009	1,274,349	34,811

C. In-Home Services

The following is a comparative illustration statewide of the number of persons receiving in-home services and the number of units of in-home services provided by Title III and General Revenue funds:

In-Home Services	FY 87 (Estimated) Units	Persons	FY 88 (Projected) Units	Persons
Adult Day Care*	50	50	50	50
Chore Housekeeping*	347,012	7,297	347,052	7,337
Friendly Visiting	20,206	1,400	12,971	1,295
Home Delivered Meals	2,650,029	23,305	2,642,046	23,500
Home Health	44,309	2,426	43,309	2,446
Homemaker*	21,536	603	21,536	603
Residential Repair and Renovation	0	0	0	0
Telephone Reassurance	123,381	1,693	101,507	1,543

*These services are also provided under the State of Illinois' Community Care Program. Figures listed here are in addition to Community Care Program data.

D. Community Services

The following is a comparative illustration statewide of the number of persons receiving community services and the number of units of community services provided by Title III and General Revenue funds:

Community Services	FY 87 (Estimated) Units	Persons	FY 88 (Projected) Units	Persons
Congregate Meals	5,402,748	126,695	5,392,652	126,761
Counseling	24,455	2,606	24,455	2,606
Education	8,206	2,440	8,206	2,440
Employment Assistance	830	200	830	200
Health Screening	21,116	35,618	20,896	35,018
Housing Assistance	1,808	672	1,808	672
Legal Assistance	53,742	11,196	53,662	11,116
Multipurpose Senior Center	55,022	17,477	54,572	17,477
Nutrition Education	14,259	28,601	14,259	28,001
Ombudsman	27,395	9,834	27,598	9,937
Recreation	162,140	13,085	101,724	13,645

IV. Future Directions

The amount of Federal Older Americans Act funding for Illinois will not be increasing appreciably for the next few years. There are two factors which are contributing to this situation. The first factor is that Illinois' percentage share of people age seventy and over has decreased. Older American Act funds are distributed to states on the basis of the number of people aged sixty-five and over in each state. In actual numbers, Illinois' seventy and over cohort is increasing in numbers, but it is not increasing as fast as it is in other states throughout the nation. The result is that there are more people than ever eligible for Older Americans Act programs and fewer funds available to meet those needs.

The second factor concerns the allocation levels for the Older Americans Act. The total funding nationwide for the OAA has been relatively static for the last six years. The future funding for the OAA would appear to remain at the current levels. There is always the possibility of real funding decreases being implemented in response to the Gramm-Rudman-Hollings Budget Reduction Act. Significant funding increases for the OAA in the near future do not appear likely.

A. Anticipated Policy and Program Changes

The following policy and program changes are expected to impact the Community Social Service Program during FY 1988.

Revised Intrastate Funding Formula

The Department distributes Title III and General Revenue Funds to the thirteen Area Agencies on Aging through an Intrastate Funding Formula. After an extensive review, the Department revised the formula for FY 1987. During the process of adopting that revised formula into the Department's Administrative Rules, further modifications have been proposed for the revised formula. The modified formula, which will be implemented in FY 1988, reduces the percentage of funds directed to rural elderly and increases the funds directed to the elderly living at or below the poverty level and to the elderly living alone.

The changes in the percentages applied to these three factors would reduce the funding levels for ten (10) of the planning and service areas and increase the funding levels for three (3) planning and service areas. The FY 1988 formula will incorporate a "hold harmless floor". The "hold harmless floor" guarantees that each AAA will receive at least the same level of funding as they did in FY 1987 under the first revised Intrastate Funding Formula. The intent of the "hold harmless floor" is to ensure that all AAAs will be able to at least maintain their current service delivery network at approximately the same level of service provision.

Implementation of a Statewide Elder Abuse and Neglect Program

During the upcoming legislative session, legislation will be introduced for the purpose of providing the Department on Aging with the authority to establish a statewide elder abuse and neglect program in Illinois. The legislation and accompanying appropriation request of $1.2 million will reflect a program design for a statewide program developed as a result of the Department's experiences in administering the Elder Abuse Demonstration Program. The program design includes an advocacy - voluntary reporting intervention model, public education, assessment, care planning, ongoing follow-up, and specific supportive services for older persons who have been abused and/or neglected and their families.

Case Management Standards

Beginning October 1, 1987, the Department will be implementing new Case Management standards for the Case Coordinationion Units (CCUs). The standards will

specifically define the target population for Case Management and specify minimum staffing requirements for the CCUs to provide Case Management. Finally, the standards will outline the basic Case Management activities which include the following:

1. Client intake;

2. Client assessment;

3. Development of Care Plans for clients;

4. Ongoing monitoring of clients; and

5. Reassessments to determine the older person's continued need for services.

Elimination of Federal Revenue Sharing Funds

In Fy 1986, approximately $1.5 million of Federal Revenue Sharing Funds were used to support local senior citizens programs and services. Federal Revenue Sharing funds are now no longer distributed. The elimination of these funds is a substantial loss to the aging network. These funds were often used by local service providers to provide local cash match for Title III services and/or pay for the operating costs of local senior centers. Local service providers will need to develop additional sources of funding to support their programs.

B. Critical Policy and Program Questions

There are several issues confronting the Department in FY 1988. The reauthorization of the Older Americans Act and possible changes to the Act have potentially major implications for the current aging network. FY 1988 will be both the final year for the Department's current three year State Plan (FY 1986-1988) and the final year for the Area Agencies on Aging's current three year Area Plan.

Reauthorization of the Older Americans Act in 1987

The Older Americans Act is currently authorized through September 30, 1987. Congress will be drafting legislation during the Spring of 1987 to reauthorize the Older Americans Act. During the initial stages of the reauthorization process a number of issues have been

identified. Some of these issues propose substantive changes in the Act. Issues identified and possible changes to the Act include the following:

1. Raising the eligibility age for services from sixty (60) to seventy (70);

2. Requiring program participants to share in the cost of some services based on their ability to pay; and

3. Creation of a new Title III-D which would strengthen the Ombudsman program and would provide for quality assurance in the provision of in-home services.

Development of FY 1989-1991 State Plan and Area Plans

During FY 1988, the Department will be working with the Area Agencies on Aging to develop the FY 1989-1991 Area Plan format. The Department will critically review the entire Area Plan format with particular attention directed toward reviewing the following components of the current Area Plan Format:

1. The activities to be completed for the needs assessment;

2. The steps in the planning process;

3. The statewide issues to be addressed; and

4. The format for presenting issues.

In addition, the Department will initiate planning activities to develop a new State Plan. The development of the State Plan is based on information from the Area Plan submitted to the Department by the Area Agencies. The Department will be addressing the major statewide issues and then setting an agenda of goals and objectives for the next three years to meet the needs of older persons in Illinois. The State Plan will need to reflect any changes in the Older Americans Act as reauthorized for FY 1987.

CHAPTER 2

ALTERNATIVE CARE

I. Introduction

. Summary of Funds

A. Program Description

. Demand
. Structure

B. Historical Data
C. Eligibility and Targeting

II. Program Strategies and Priorities

A. Service Contracts
B. Assuring Quality of Service
C. Demonstration Projects

. Home Health Demonstration
. Senior Companion Program
. Alzheimer's Initiative

III. Data Analysis

A. Program Expansion
B. Home and Community-Based Services Waiver
C. Targeting
D. Costs

IV. Future Directions

A. Anticipated Policy and Program Changes

. Revalidation of the Determination of Need
. Quality Assurances of Service Provision
. Service Expansion

B. Critical Policy and Program Questions

. How Much Quality?
. Service Outlook

CHAPTER 2

ALTERNATIVE CARE

Alternative Care Programs are designed to provide community-based services to the frail elderly who, without these services, would probably face institutionalization. The Community Care Program (CCP) and nursing home pre-admission screening are the foundation of the Department's programs offering alternatives to inappropriate nursing home placement. State General Revenue funds, including a portion reimbursed through a Federal Title XIX Medicaid home and community-based service waiver, support the Community Care Program and nursing home pre-admission screening.

Summary of Funds

Alternative Care	FY 86 Actual	FY 87 Estimated	FY 88 Recommended
Expenditures ($000s)	68,031.9	77,901.8	86,287.3
Average Monthly Caseload	22,085	23,246	24,939
Units of Service	9,620,568	10,781,014	11,457,147
Average Cost/Unit	6.54	6.87	7.18

*Average Cost/Unit is derived from expenditures and units of home-maker, chore-housekeeping, adult day care and case management services only.

I. INTRODUCTION

A. Program Description

Community Care Program services expand the range and quality of options available to persons requiring long term care services. Chore-housekeeping, homemaker and adult day care services supplement care provided by family and friends to impaired elderly persons. Nursing home pre-admission screening confirms the client's need for long term care and informs clients and their families of care options prior to nursing home admission.

Demand

In the face of rapidly growing costs of medical and nursing home care, the Community Care Program is crucial to conserving the state's resources while meeting the care needs of a growing elderly population. From 1980 until the year 2000, the Illinois population 60 years of

age and older is expected to grow 13 percent while the number of vulnerable elderly persons 75 years of age and older will increase by 52 percent. As the population ages and becomes more vulnerable, the demand for long term care services, whether facility or community-based, will increase.

Structure

Community Care Program services are purchased from Case Coordination Units (CCUs) and service providers (vendors).

The CCUs perform the initial intake, assessment, pre-admission screening and case management for the Community Care Program. They are responsible for screening long term care clients prior to nursing home placement. All Intermediate Care Facility and Skilled Nursing Facility (ICF and SNF) applicants, who will require public assistance within 60 days of placement, are evaluated prior to admission and, if appropriate, offered community-based care.

Vendors furnish chore-housekeeping, homemaker and adult day care services to clients requiring home and community-based assistance. Vendors maintain contact with clients and monitor client status and needs. They alert the CCUs to changes in environmental or physical circumstances. Appendix E contains complete descriptions for chore-housekeeping, homemaker and adult day care services provided by Community Care Program vendors.

To manage this growing service program, the Department on Aging contracts with Area Agencies on Aging, which monitor the Case Coordination Units (CCUs) and vendors. Area Agencies, through trained specialists, monitor each contract in the Planning and Service Area (PSA).

B. Historical Data

The origin of the Department's alternative care activities was the Comprehensive Alternative Care Program for the Elderly (CACP). A pilot project, initiated in Alton, Chicago and Springfield in August 1977, CACP was developed to provide a coordinated response to long term care services needs in the community. The project underscored the importance and practicality of a community-based care model for serving Illinois' frail elderly.

The evolution of the Department's alternative care efforts since the CACP is marked by several milestones. These include:

August, 1978 - Public Act 80-1411 mandated the Department of Public Aid to establish a program to prevent premature or unnecessary institutionalization of persons needing long term care. The Department on Aging and the Department of Public Aid implemented an inter-agency agreement to coordinate responsibilities under the program.

June, 1979 - Public Act 81-202 transferred responsibilities for providing alternative care services from the Department of Public Aid to the Department on Aging and the Department of Rehabilitation Services. Public 81-202 empowered the Department on Aging to design and establish services "to prevent or delay unnecessary institutionalization of persons age 60 and older in need of long term care, enabling them to remain in their own homes or in other living arrangements."

July, 1979 - June, 1982 - The Department implemented the Community Care Program (CCP) and the caseload grew from 3,600 transfers to 9,600 cases. Limited resources required the Department to adopt a "maintenance" strategy. New clients were accepted only as replacements for clients who left CCP, thereby creating a waiting list of nearly 4,000 applicants. The Department undertook efforts to improve program management, to develop and access non-CCP resources for assisting waiting list applicants and to target CCP services to the most vulnerable clients.

Fiscal Year 1983 - United States District Court (Benson vs Blaser) ruled that persons on the waiting list for CCP services are entitled to a timely determination of eligibility and receipt of services. The Court required the Department to dissolve the waiting list, making CCP an entitlement program. The Court also stipulated that Department decisions regarding an applicant's eligibility were due within 30 days of receipt of application. The Department issued new eligibility criteria in response to the Court's decision.

The Department concluded a successful fiscal year in responding to approximately 10,600 Community Care Program applications quickly and effectively.

Fiscal Year 1984 - The Department's Community Care Program continued with the advent of three major initiatives: Case Coordination Units (CCUs), a Medicaid Waiver and Nursing Home Pre-admission Screening.

Fiscal Year 1985 - The Community Care Program experienced steady growth both administratively and programmatically during FY 1985. An average of 1,400 new applications were processed per month, resulting in

an average of 850 additional clients each month. The Department pursued expanding CCP services through the implementation of demonstration projects examining the need for home health services.

Fiscal Year 1986 - The Department applied for its second Medicaid Waiver. The new waiver application sought Title XIX reimbursement for CCP services to Medicaid clients during FY 1987 - FY 1989. The application was subsequently approved by the Health Care Financing Administration in early FY 1987.

C. Eligibility and Targeting

Community Care Program services are intended for elderly persons most at risk of institutionalization. Services are available to persons over age 60 who demonstrate a significant degree of functional impairment and lack resources or support to offset the impairment. Also, an individual's physician must attest that the program is appropriate. Additional criteria include requiring U.S. Citizenship, Illinois residency and demonstrating a non-exempt asset level of less than $10,000.

While income is not a criterion for eligibility, an income level is established for each client to determine the client's ability to contribute to the cost of care.

Consistent with the emphasis on reaching low-income elderly, CCP services are provided free to low-income clients while others share in the cost of their care.

II. PROGRAM STRATEGIES AND PRIORITIES

Program stabilization is evident in FY 87. The following table depicts how caseload growth has tapered off since FY 86.

Fiscal Years	Percent Growth Between Years
1984-1985	37.1
1985-1986	13.1
1986-1987	5.3 (estimated)
1987-1988	7.3 (estimated)

Current Department efforts emphasize review and refinement of rules, policies and procedures governing program operations. Additional activities involve exploration of needed services through demonstration projects.

The Department has adopted the following strategies and priorities for Fiscal Year 1987:

A. Service Contracts

During Fiscal Year 1986, the Governor's Contracting Task Force reviewed the Department's procurement process with special emphasis on quality of service, rate setting and contracting procedures. The following Department initiatives in Fiscal Year 1987 incorporate Task Force recommendations:

1. Effective January 1, 1987, the Department assigned fixed rates to chore-housekeeping and homemaker contracts. The new rates represented an increase over prior rates for most agencies. A major portion of the increase was targeted to enhance employee wages and benefits.

2. Revised Community Care Program Administrative Rules incorporated additional review criteria for selection of service providers. Service quality replaced rate considerations as a basis for vendor selection.

3. The Department initiated the Quality Assurance Program to increase service monitoring and enhance service quality. The initiative included additional sanctions against vendors providing poor service. (See Section B.)

B. Assuring Quality of Service

Department efforts to develop and implement service standards have undergone many changes since the initial filing of standards as CCP Administrative Rules in July, 1983. The Rules continue to be the backbone for program policy and procedures as well as provide structure for monitoring activities.

The Department implemented its Quality Assurance Program in Fiscal Year 1987. During Fiscal Year 1987, the Division of Administrative Compliance will monitor 100% of all vendors and Case Coordination Units. Compliance findings will be categorized into three (3) types of violations based upon severity. Any violation identified in the compliance review process will place the reviewed agency "on-notice".

In addition to compliance reviews, Department procedures provide for service incidents reports in which service-related problems are reported to the "800" Unit for review and follow-up activities. Staff investigate service incidents reports by conducting unannounced

field visits to CCUs and vendors. The visits enable staff to determine the legitimacy of service incidents reports as well as provide technical assistance to the agency.

The Area Agencies on Aging continue to cooperate in the Department's monitoring and compliance activities through the Area Agencies on Aging CCP specialists. General revenue funds support the specialists who are trained by the Department on CCP policies, procedures and monitoring techniques. The combined field presence of the Area Agencies on Aging CCP specialists and the Department staff supports providers efforts to deliver effective, efficient, quality services.

C. Demonstration Projects

The Department administers several demonstration projects which are examining service gaps as well as the feasibility of expanding the current CCP service package.

Home Health

The Home Health Demonstration Project was expanded Fiscal Year 1987 to address additional research and implementation issues. Expansion efforts allow for a larger data base to be assessed prior to determining the feasibility of offering home health services as part of CCP on a statewide basis. Fiscal Year 1987 initiatives include:

- increase in the number of sites from four (4) to twelve (12);
- increased availability of the services (home health aide and skilled nursing care) to persons in need;
- urban and rural communities including communities in the Metropolitan Chicago area and Southern Illinois;
- greater diversity of CCU/vendor relationships.

In January, 1987, the caseload had increased to 135 clients, more than double the caseload of December, 1985. Typical home health clients are women who are older and more impaired than regular CCP clients.

The Department is refining the reporting process to facilitate more accurate data collection. Issues of primary importance are care planning, relationships of the CCUs/vendors, examination of the Determination of Need (DON) assessment to incorporate medical indicators

and cost factors. The data collected in FY 87 and FY 88 will provide important information on the need for the service, the cost, and needed policies and procedures.

Senior Companion Program

One of the existing gaps in the continuum of services available to Illinois' elderly is sitter/companion care. Many individuals suffer from physical or cognitive impairments. Although these individuals have other needs that are being addressed through formal and informal caregiving relationships, some require additional supervision to continue living at home.

In FY 85, the Department and the federal ACTION agency entered into a formal agreement to implement a state-funded Senior Companion Program demonstration project. Through the project the Department offers companion services incorporating the ACTION Senior Companion Program model. Five (5) project sites (Tri-County Opportunities, Inc., Catholic Charities Diocese of Joliet, YWCA of McLean County, Community Home Environmental Learning Project, Inc. - CHELP, and Shawnee Development Council) received start-up funding in FY 87 to select, recruit and train low-income elderindividuals as senior companions for CCP clients referred by Case Coordination Units. In addition to these five (5) new projects, two (2) present sites (Belleville Area College and Family Care Services of Metropolitan Chicago) have expanded through a Purchase of Service Agreement.

As a result of the service available through this demonstration project CCP clients receive supervision from members of the same generation. Through this program the companions, low income "well" elderly, receive the opportunity to supplement their incomes and to provide a meaningful service.

Alzheimer's Initiative

Over 111,000 Illinoisans are believed to suffer from Alzheimer's Disease. Older persons constitute the majority of the disease victims. Growing emphasis on serving victims of Alzheimer's Disease and their families led the Department to implementing an Alzheimer's Initiative.

There are two Alzheimer's Disease Task Forces with different objectives. The Department's Task Force on Alzheimer's Disease was formed in the spring of 1985. Professional organizations, provider agencies, Area Agencies on Aging and the medical community represent

task force composition. The primary goal of the Task Force is evaluation of the adequacy of the Department's programs to meet needs of Alzheimer's Disease victims and their families. Accomplishments in FY 1985 and FY 1986 include:

- Implementing research and development projects;
- Holding a statewide Alzheimer's Disease Conference; and
- Training for service providers.

The Department's Task Force works toward continual expansion of existing CCP services and development of new demonstration programs to better serve Alzheimer's Disease victims and their families. The Department's commitment is exemplified through Alzheimer's Disease training scheduled for all adult day care contractors during the spring of 1987. The fourteen (14) Adult Day Care Centers currently participating in the Alzheimer's demonstration project will actively contribute to the sessions. The training will prepare all adult day care centers for working with clients with Alzheimer's Disease and their families. The Governor's Task Force on Alzheimer's Disease was mandated by legislation signed in January, 1986. The Department was charged with the responsibility of chairing the twenty one (21) member Task Force (twelve members appointed by the Governor, eight members appointed by the General Assembly and the Director as chairperson). The Governor's Task Force on Alzheimer's Disease is charged with evaluating programs of a number of state agencies. Key issues raised by the Governor's Task Force are:

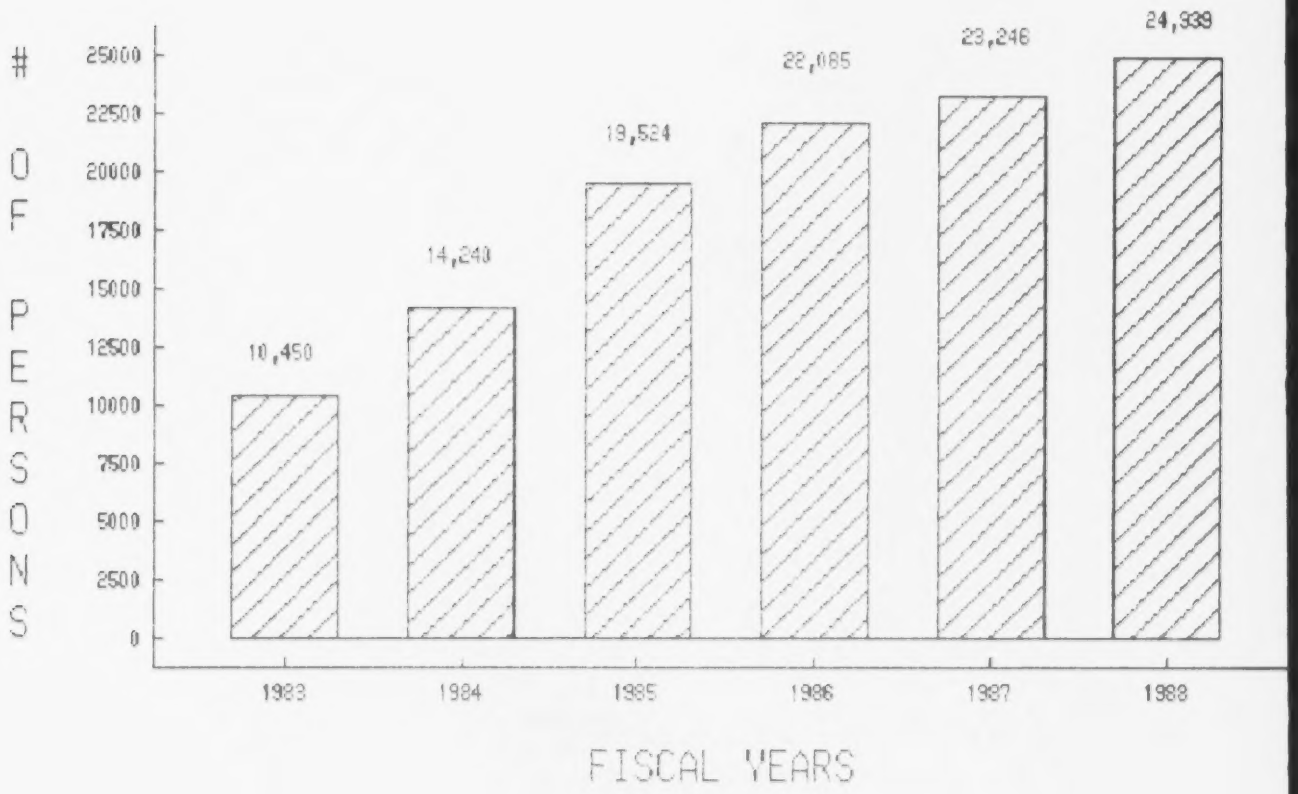
- service coordination across state agencies to benefit Alzheimer's Disease victims/families;
- identification of service gaps; and
- planning a statewide Alzheimer's Disease Conference. (The second annual conference is scheduled to be held in Springfield on May 17-19, 1987.)

III. DATA ANALYSIS

A. Program Expansion

The caseload grew steadily in FY 1986. The average monthly caseload increased from 19,524 in 1985 to 22,085

in 1986. Additional, though slower growth in the average monthly caseload is expected to continue through FY 1988 and beyond.



The current application rate is 1,355 monthly. Approvals approximate 70% of all applications with denials primarily attributed to:

- withdrawal of application;
- insufficient impairment to qualify for CCP;
- assets exceed maximum.

Nearly 14,000 nursing home pre-admission screenings were conducted by CCUs in FY 1986 with 20% or 2,793 older persons being "diverted" from inappropriate nursing home placement. Ninety-four percent (94%) of those "diverted" received CCP services.

Services

Case management, chore-housekeeping and homemaker services are available in 102 Illinois Counties. Adult day care programs are located in 40 counties with 59 sites.

B. Home and Community-Based Services (Medicaid) Waiver (Fiscal Years 1987, 1988 and 1989)

The Health Care Financing Administration (HCFA) approved the Department's second home and community-based waiver in October, 1986. The new waiver:

- separates the Department's waiver from the Department of Rehabilitation Services (DORS) waiver;
- incorporates a deinstitutionalization initiative as a joint venture between the Departments of Public Aid, DORS and DoA;
- maintains current waivered services; chore-housekeeping, homemaker, adult day care and case management;
- incorporates service and vendor standards;
- modifies the physicians statement requirement to permit a physician's or nurse's certification;
- affords clients choice of vendors in service area;

The waiver program has grown substantially from its FY 1984 caseload of 7,571 clients to an estimated caseload of 15,010 in FY 1987 and projects serving 19,595 clients by FY 1989. Monthly caseload growth is depicted on the next page.

Monthly Medicaid Caseload Growth

Fiscal Year	Average Monthly Caseload	Percent Increase Over Prior Years
1984	3340	
1985	5048	51%
1986	6089	21%
1987	6988	15%
1988	7966	14%
1989	8995	13%

The federal government reimburses the State 50% of the costs incurred to serve Medicaid eligible clients under the waiver program. Approximately 30% of the CCP caseload is Medicaid eligible. Consequently 15% of state costs of the CCP are reimbursed, representing significant savings for each program year:

- $ 9,554,001 in FY 1986
- $12,231,791 in FY 1987 (estimated)
- $15,996,982 in FY 1988 (estimated)
- $19,773,955 in FY 1989 (estimated)

C. Targeting

Community Care Program services are directed toward the frail and vulnerable clients. The CCP's successful targeting efforts for FY 1986 are reflected in the following client characteristics:

- 63.3 percent live alone
- 68.8 percent over 75 years of age
- 27.2 percent over 85 years of age
- 66.7 percent widowed
- 80.8 percent female
- 34.7 percent represent ethnic/minority groups (33.3% black).

Targeting Indicators

	FY 1984 Actual	FY 1985 Actual	FY 1986 Actual	FY 1987 Estimated	FY 1988 Projected
Performance Indicators:					
Clients on Medicaid (%)	36.1	39.4	40.9	44.3	45.0
Clients needing Long Term Care (%)	90.0	95.0	98.6	98.8	99.0
Clients over 75 living alone (%)	89.0	86.7	85.1	86.0	88.0

D. Costs

Average case costs continue to rise as Community Care Program services are targeted on the frail and vulnerable elderly. The average monthly case cost for FY 1986 was $220 versus the FY 1987 estimate of $243.

Client fees approximated $2.0 million during FY 1986. Estimates for FY 1987 include $2.5 million generated through client fees from a growing caseload.

Overall, the Department's Alternative Care Program has grown from $53.7 million for FY 1985 to estimated expenditures of 77.9 million for FY 1987. The growth represents an increase of 45.1 percent.

IV. FUTURE DIRECTIONS

A. Anticipated Policy and Program Changes

The Department will continue to strengthen and expand the Community Care Program in order to offset rising long term care costs while serving the ever-growing elderly population. The Community Care Program with its home and community-based service package is critical to conserving state resources while meeting chronic care needs of the aging population.

Revalidation of the Determination of Need (DON) Form

The growth of CCP has underscored its importance as an alternative on the continuum of long term care and the necessity to consider long term care needs from a broader perspective. The assessment process establishes CCP eligibility, as well as identifies the client's range of long term care needs and the most appropriate resources available to meet those needs.

Since 1982, the Department has used the Determination of Need (DON) Form as a component of the assessment process for determining program eligibility. The DON measures the applicant/client's level of impairment, establishes care plan maximums and prescreens individuals prior to nursing home placement.

In FY 87, the Department will solicit applications through a Request for Proposal (RFP) to develop and test an expanded long term care assessment instrument which addresses activities of daily living as well as physical and mental health items. The Department is coordinating this initiative with the Departments of Public Aid and Rehabilitation Services. Recommendations for revising the DON and the assessment process are anticipated in FY 1988.

Quality Assurance of Service Provision

The past year's combined efforts of the Governor's Procurement Task Force and the Department continue to focus on quality provision of CCP services. These efforts have produced revised procurement standards and implementation of the Quality Assurance Program. Results of the Quality Assurance Program activities will affect CCP vendor contract decisions. Vendor service history

will be scored and ranked and will become part of the final contract decision. Ultimately the program oversees the quality cycle, following service provision from the beginning of the procurement process with contract awards to compliance and monitoring activities, through enforcement and corrective action stages.

Service Expansion

The Community Care Program incorporates efforts to serve special segments of the frail elderly population by expanding the service package. Expansion is best tested through demonstration projects and special initiatives such as Alzheimer's Disease, deinstitutionalization, the home health demonstration project and the senior companion project.

The Alzheimer's Disease initiative upgrades adult day care provider's abilities to better serve the needs of Alzheimer's victims and their families. The initiative offers special training to all adult day care centers in areas such as working with family group assessments, care planning and developing innovative programs.

The deinstitutionalization project focuses on persons who have been placed in a nursing home but no longer require services in an institutional setting. Project efforts will prepare the clients for reentry into the community by linking them to home and community-based services necessary to sustain them in an independent living situation.

B. Critical Policy and Program Questions

The Department will confront several challenges during FY 1988. Among these are the continuation of the Medicaid Waiver over the next three years and the Community Care Program's efforts to ensure quality services combined with the changing procurement process.

How Much Quality?

Quality is multi-dimensional and is subject to a variety of interpretations. The Department has developed a new Quality Assurance Program to ensure quality provision of CCP services. The four (4) year plan will closely scrutinize vendors and CCUs through a series of compliance reviews, rate setting, procurement cycles, service incidents reports and performance sanctions.

The dilemma remaining with the creation and implementation of this process is that a system cannot guarantee quality. Quality can only come from people providing

the care to clients. Clients as recipients of services are the barometer - the only true measure of quality. Ultimately, the client must remain central to the goals and values of the system reflected through dissemination, implementation and enforcement of uniform standards of a client-oriented network. The Department will continue to explore additional ways to ensure that clients receive quality services.

Service Outlook

The Department is responsible for providing services which prevent unnecessary and inappropriate institutionalization. Within that mandate, the Department constantly examines the array of services necessary to keep people out of nursing homes.

Although the CCP serves the frail elderly who are most at risk of institutionalization, the CCP caseload contains target groups with special service needs. Demonstration projects enable the Department to target services to special groups and to test the feasibility of incorporating new services into the CCP in selected geographic areas. Current efforts are directed toward victims of Alzheimer's disease and their families, persons in need of protective services, family caregivers and persons with home health needs.

Investigation of service options poses questions such as: How much care is needed to adequately serve special client populations? Will service plan maximums accommodate additional service needs? Should income and asset levels be revised? What effect will the new services have on current care plans? Does the fee requirement deter accessibility to new services? The dynamic nature of CCP creates endless opportunities to analyze and refine the program to better serve the aging population.

CHAPTER 3

ECONOMIC OPPORTUNITY PROGRAMS

I. Introduction

A. Program Description

. Summary of Funds
. Program Need

B. Historical Data
C. Target Population
D. Eligibility

II. Program Strategies and Priorities

A. Objectives
B. Inter-Agency Efforts

III. Program Data Analysis

IV. Future Directions

A. Anticipated Policy and Program Changes
B. Critical Policy and Program Questions

CHAPTER 3

ECONOMIC OPPORTUNITY PROGRAMS

I. INTRODUCTION

A. Program Description

The Economic Opportunity Programs provide opportunities for the state's senior population to seek gainful employment in the public and private sectors. The programs provide services to those seniors seeking full time employment as well as those seeking part-time work to supplement their current income.

The Economic Opportunity Programs provide a wide range of employment services including:

- identification of older persons seeking employment;
- development of employment opportunities of older persons seeking employment;
- development of employment opportunities of older workers;
- counseling training and re-training for specific jobs and trades;
- job retention skills;
- advocacy for the older workers; and
- placement in both full-time and part-time as well as subsidized and unsubsidized, temporary or permanent employment.

The Economic Opportunity Programs consist of two major programs, the Senior Community Service Employment Program (SCSEP) and the Senior Employment Specialist Program (SESP). The SCSEP provides subsidized, part-time opportunities in community employment for low-income persons, aged 55 and above. The SESP provides funding to Area Agencies on Aging to hire staff to promote senior employment opportunities.

Summary of Funds

The Economic Opportunity Programs are funded by Title V of the Older Americans Act, the Senior Community Service Employment Program (SCSEP) and General Revenue funds.

Economic Opportunity (SCSEP)	FY86 Actual	FY87 Estimated	FY88 Recommended
Expenditures ($000s)	2,420.1	2,600.0	2,416.4
Recipients	787	824	787
Units of Service	787	824	787
Average Cost/Unit	3,075.10	3,155.34	3,070.39

The Senior Employment Specialist Program (SESP) has been funded with General Revenue funds as depicted in the following chart:

Economic Opportunity (SESP)	FY 86 Actual	FY 87 Estimated	FY 88 Recommended
Expenditures ($000s)	143.8	294.0	293.5
Recipients	N/A	N/A	N/A
Units of Service	2,921	4,000	4,000
Average Cost/Unit	49.23	73.50	73.38

Program Need

Undisputedly, the U.S. population is aging. The nation's 65+ population will number 73 million by the year 2080, compared to the present 26 million. Even more dramatic than numbers will be changing ratio of elderly to non-elderly. Today, the 65+ population constitutes close to 12% of the population, but by 2080, the proportion will reach 23.5%. This demographic shift carries enormous implications for program planning and policy formation, particularly when considering the provision of economic security for the increasing numbers of elderly.

Even though there is a trend toward early retirement, many factors may result in a slowing or reversing of this trend. These factors include: (1) the pressures on Social Security caused by a decreasing percentage of productive workers paying for an increasing percentage of retirees; (2) the steady improvements in health and

increases in life expectancy which may result in a projected doubling of the post-retirement period from 13 years to 25; (3) the elimination of mandatory retirement; and (4) the demographic shifts which will cause employers to adjust to a graying work force.

Even if early retirement continues, the sheer increased numbers of older persons, coupled with the rise in dislocated workers due to industry changes and job obsolescence, will result in a steady rise in older workers' demands for employment services.

Federal, state and local efforts have been mounted to help those older individuals who want to work, receive training and find employment. Evidence exists that by providing people the option to work as long as they desire, the draw on public pension programs will be less, the numbers needing high cost long-term care will be less and the productivity for the state will be greater. Beyond opening up opportunities for older people who want or need to work longer, Illinois has major economic and social stakes in reversing the long-term decline in work force participation of older citizens. The incentive is that there is no better way to contain the costs of supporting a growing population of older people than to provide them the opportunity to be taxpaying citizens adding to the general revenue of the state.

The SCSEP and SESP are avenues where older individuals can turn for assistance in securing training and part-time subsidized and full-time employment. The success of these programs translates into examples for an aging labor force to model and utilize human resources for minimal cost.

B. Historical Data

The Department entered the field of employment in Fiscal Year 1976 with a desire to expand the total service delivery potential of the Department. Older Americans Act Title IX (now Title V) and a discretionary CETA grant were utilized to begin manpower operations. The discretionary grant established a manpower coordinator in each Area Agency office to coordinate and implement programs locally while Title IX created subsidized slots.

CETA IV resources were developed and added to the Department's programming in Fiscal Year 1978 to increase potential for job opportunities. The program operated in the balance of State counties that were not in the jurisdiction of a local prime sponsor. CETA IV was phased out in January 1980.

In Fiscal Year 1978, the Department obtained CETA III funding to maintain Ombudsman and information and referral; special efforts originating under Title X of the Public Works and Economic Development Act (PWEDA). Also in 1978, the Older Americans Act was amended, redesignating Title IX - Community Service Employment (CSEP) as Title V - Senior Community Service Employment Program (SCSEP).

In Fiscal Year 1981, the Department on Aging continued to fund Title V (Older Americans Act) and CETA Title III. The Title V program increased its funding and level of activity, whereas CETA III funding gradually diminished due to the phaseout status of that program.

In Fiscal Year 1982, the Title V allocation was reduced four percent and CETA III funding was phased out totally.

In Fiscal Year 1983, the Title V grant was initially extended for three months, and then for an additional nine months to complete the Fiscal Year.

In Fiscal Year 1984, Title V funding was increased approximately two percent above its previous level. Also in Fiscal Year 1984, the Senior Employment Specialist Program was funded with a $300,000 grant from the Department of Public Aid all of which was allocated to the Area Agencies on Aging.

In Fiscal year 1985 and 1986, Title V funding was maintained approximately at the Fiscal Year 1984 level with slight decreases last year. The Title V program received a cut in Fiscal Year 1987 due to effects of the Gramm-Rudman-Hollings Deficit Reduction Act and had that cut replaced for Fiscal Year 1988.

The Senior Employment Specialist Program received $300,000 in Fiscal Year 1985. The Department allocated these funds to the Area Agencies on Aging via a formula. During fiscal Year 1986 the funding for the SESP ended and the program was refunded at the initial level of $150,000 with General Revenue Funds. The allocation for the SESP in Fiscal Year 1987 is $294,000 in General Revenue Funds and is projected to stay at this level during Fiscal Year 1988.

C. Target Population

The program targets services to those older persons who desire employment, need earned income to supplement inadequate financial resources, need training to develop job-related skills, need assistance in

identifying placement opportunities, and have the capability to perform the tasks involved in the prospective job assignment. Most often these persons are women or members of minority groups. Both groups have experienced difficulties finding employment throughout their lives and have limited or sporadic work histories. These barriers, compounded with age discrimination, make finding employment more difficult for the older persons.

D. Eligibility

The eligibility requirements for the employment program sponsored by the Department on Aging are listed by funding source:

Senior Community Service Employment Program - Title V (Older Americans Act)

- Age - Participants must be at least 55 years of age.
- Place of residence - The term "place of residence" is an individual's permanent dwelling place at time of enrollment.
- Income - Income of a family, including a family of one, which during the preceding six months on a annualized basis, does not exceed by more than 25 percent the poverty levels established by the U.S. Office of Management and Budget.
- Capacity to perform - Each individual must be determined capable of performing the tasks involved in the employment assignment proposed during enrollment.

Senior Employment Specialist Program

- Age - In order to receive services under this program individuals must be no less than 55 years of age.

II. PROGRAM STRATEGIES AND PRIORITIES

A. Objectives

The objectives of the Economic Opportunities Program are based on one goal: to increase and enhance the employment opportunities for older workers.

Objective 1: To increase the number of older workers placed in unsubsidized jobs.

Objective 2: To maintain full utilization of subsidized job slots available through the Department on Aging and other sponsored employment programs.

Objective 3: To coordinate training and employment related activities between the various federal, state and locally supported programs to ensure non-duplication and best utilization of available services and resources.

Objective 4: To educate the general population, employers in particular, to the benefits of retraining and hiring older workers.

B. Inter-Agency Efforts

Under Title V of the Older Americans Act, the Department on Aging conducts regular coordination meetings with all Department of Labor funded sponsors in Illinois. These sponsors include: Green Thumb Inc., American Association of Retired Persons, National Council for Senior Citizens, National Urban League, National Association for Spanish-Speaking Elderly and the National Council on Black Aging. This statewide committee discusses and focuses specific coordination efforts (based on greatest need) in job slot allocation in Illinois. By utilizing this method of coordination, duplication of services can be and is being prevented on an areawide and a statewide level. The results of these coordinated efforts are embodied in an "Illinois Coordination Plan for the Senior Community Service Employment Program" (Title V). The Department on Aging staff who work with the Economic Opportunity Program actively participate on the Executive Committee and the Retraining for Employment Committee for the Illinois Job Training Coordination Council and the Inter-Agency Task Force of the Illinois Department of Commerce and Community Affairs.

The Illinois Department on Aging and Illinois Job Services coordination efforts have led to the establishment of the Older Worker Specialist funded under Title V. The program provides the placement of an "older worker specialist" in local job service offices which target older workers as their clientele. The specialist acts as a resource developer, a counselor, and an aide in assisting the older worker in making the transition into unsubsidized employment. The fourteen (14) older worker specialists, to date, have been averaging over four hundred job placements annually.

The Department on Aging continues to ensure that existing employment related service agencies are serving a proportionate share of the older population. This coordination network will continue to be developed, expanded and refined in Fiscal Year 1988.

III. PROGRAM DATA ANALYSIS

In this discussion of the Economic Opportunity Program, the analysis will present the program as a whole and review the functional level of its individual sub-programs. Primary objectives of the Economic Opportunity Program are the placement of older persons in subsidized employment and eventual movement into the private sector job market. Along with these objectives, the program offers the individual an opportunity for job retention and a chance to raise one's self-esteem.

Over 200,000 older persons are eligible for this program, however, only 2500 federally funded jobs slots exist in the State. In response to the slot shortage, the program has increased its effort in the area of unsubsidized placement to allow as great a number of persons to benefit as possible. This effort has been aided greatly by the addition of the Senior Employment Specialist to the Area Agency staff. Employment Specialists coordinate local Job Service and Service Delivery Area programs to acquire optimum benefits for Title V enrollees. Results of these efforts increased the unsubsidized placement rate from 9.4 percent in Fiscal Year 1984 to 16.4 percent in Fiscal Year 1985 and 17.2 percent in Fiscal Year 1986.

	FY86 Actual	FY87 Estimated	FY88 Projected
Authorized Positions	524	504	515
Subsidized jobs filled	787	824	787
Clients placed in un-subsidized jobs (%)	17.0	20.0	20.0
Units of Service*	787	824	787
Average Cost/Unit	3,075.10	3,155.34	3,070.39

*A unit of service is one individual enrolled in the program during that program year.

IV. FUTURE DIRECTIONS

A. Anticipated Policy and Program Changes

As program funds are cut, the organization that produces the most goods for the fewest dollars will survive. Productivity means using resources wisely. The Senior Community Service Employment Program has been productive in the past, but must continue to search for ways to increase productivity. A few areas worth exploring are:

- **Technology transfer.** Be on the alert for new techniques that make work more efficient. For example, would a new assessment procedure increase the proportion of current enrollees finding unsubsidized jobs?

- **Work flow improvement.** Try to find ways to streamline the existing work load. For example, would some changes in the record keeping system reduce the number of times a file must be retrieved?

- **Staff development.** Examine the present staff's capacity and design a program for enhancement. For example, should all staff be trained in counseling so that the capacity to identify those enrollees needing specialized counseling is improved?

- **Data processing systems.** Determine if more effective use can be made of data collected for program reporting. For example, can a computer be used to analyze existing data to provide daily and weekly updates on performance so that corrections can be made quickly?

- **Linkages with service providers.** Find out which programs can provide needed supportive services and training for enrollees and use these programs. For example, can another employment program provide training for enrollees at little or no cost to the program?

Performance measures evaluate productivity and are monitored closely by program operators. These measures include such items as: full use of allocated funds, satisfaction of host agencies and employers with older workers, wages and longevity of enrollees placed in unsubsidized employment, and the number of older workers served per staff hour.

Any improvement in productivity must be made in accordance with the mission of the SCSEP. That mission focuses on employment of older workers within both the

public and private sectors. In order to meet that mission, three program areas require special staff efforts in terms of enrollee performance and outcomes. These areas are:

- **Enrollee performance on the worksite.** Since a large part of SCSEP is proving by example that older workers are productive, the enrollee's performance for the host agency must at least meet standards for that type of agency.

- **Enrollee performance in job search and placement.** The enrollee has the most important role to play in unsubsidized placement and the efficiency of the enrollee in preparing for such work should be enhanced by employability training, job clubs and other proven methods.

- **Enrollee self-esteem enhancement.** The enrollee should feel more productive and have increased self-esteem as a result of the SCSEP experience.

Productivity requires both staff and enrollee to constantly search for ways to improve performance in spite of reduced resources.

Another prime concern of the Department on Aging is the continuation of the Senior Employment Specialist Program. The Department is continuing to increase its efforts through the Senior Employment Specialist Program to coordinate the employment efforts of other State agencies with special emphasis on the Jobs Training Partnership Act Older Worker Program.

B. Critical Policy and Program Questions

Critical policy and program issues concerning Economic Opportunity continue to revolve around the central theme of health insurance coverage. Should the Title V Senior Community Service Employment Program provide health insurance for participants ages 55-64 not covered by Medicare? These participants currently have two choices:

1. Impoverishing themselves by paying for their own health insurance;

2. Or facing impoverishment from health costs for which they have no insurance.

Pros - Why should SCSEP provide health insurance?

1. **Expressed need.** Health insurance is the number 1 concern of SCSEP workers throughout the country.

2. **Leverage.** Dollar for dollar, using a portion of Title V funds for group health coverage will produce the greatest benefit to participants, far more than direct wage increases.

3. **Prevention.** Health problems that are ignored because of inability to pay may result in later increases in Medicare expenditures, to say nothing of the personal cost to the SCSEP workers themselves.

4. **Simplicity.** No cumbersome changes in laws or regulations are required. Health insurance has always been an allowable Title V expense.

5. **Unique SCSEP features.** The requirement for pre-employment and annual physical exams is a positive feature to potential insurers, as is the focus on a "young-old", employed population.

6. **Accomplishment.** The provision of health insurance is an opportunity for the Title V "family" of different contractors and philosophies to work cooperatively, show private sector employers it can be done, and do something which reflects favorably on all participants.

Cons - Possible concerns about providing health insurance include:

1. It will reduce the number of people moving into unsubsidized jobs:

   a. Some SCSEP programs far exceed the 20% unsubsidized goal. They would risk little and gain much from adding this modest benefit.

   b. Conversely, programs that currently have trouble meeting this goal without having health insurance obviously face other obstacles in helping people move on to other jobs, such as lack of other jobs, or of transportation. Strategies to overcome these hurdles would not be affected by giving people health insurance. Until these hurdles are overcome, people staying in SCSEP would certainly benefit.

c. Of course there is a chance that program performance might be negatively affected in some areas; there is an equal chance program performance could be helped in other areas which now have recruitment problems.

2. Title V funds which would pay for health insurance should be used instead to create more SCSEP positions.

The Department believes that the benefits provided to uninsured older workers currently in SCSEP outweigh the benefit of a limited number of extra positions that would be created by not utilizing those dollars for insurance purposes.

a. Increasing employment opportunities for older persons in the private sector.

b. Should the Department continue to allow the establishment of limited duration contracts with host agencies that are committed to transition older workers into unsubsidized employment? This will promote concentrated efforts in training, supervision, counseling and education of Title V workers where the likelihood of unsubsidized placement is greatest.

CHAPTER 4

TRAINING AND DEVELOPMENT

I. Introduction

A. Program Description

. Summary of Funds
. Program Need

B. Historical Data

II. Program Strategies and Priorities

III. Program Analysis

A. Major Training Programs
B. Other Related Activities

IV. Future Directions

A. Anticipated Policy and Program Changes
B. Critical Policy and Program Questions

CHAPTER 4

TRAINING AND DEVELOPMENT

I. INTRODUCTION

A. Program Description

A primary responsibility of the Department is the coordination and provision of training and staff development programs. These programs are offered as workshops, seminars, and conferences and are presented statewide throughout the year on a variety of subjects for all personnel involved in programs/services to seniors. The objective of the training is to develop and upgrade the skill level of professionals and volunteers working in the aging network, to address gaps and deficiencies in the aging network and to provide information on new issues and initiatives effecting seniors and the aging network.

Training needs are identified by a continual assessment of the network. This is accomplished through formal needs assessments at the State, Area Agency on Aging and direct service provider level, through training program evaluations and from informal feedback provided to training section staff. In addition the training section now involves statewide associations of aging services providers in a Statewide Training Coordination Group to help identify training needs and resources and to aid in the development of the State Training Plan.

Universities, colleges, consultants and qualified entities are contracted to deliver the training and to develop reusable training materials. The subjects of this training include such topics as Alzheimer's Disease, Elder Abuse, Case Management and Mental Health.

Revenues for the training programs are supplied by Federal Older Americans Act Title III funds.

Summary of Funds

Training and Development	FY 86 Actual	FY 87 Estimated	FY 88 Recommended
Expenditures ($000's)	240.5	190.0	158.6
Units of Service	50,936	45,500	47,800
Recipients	6,292	5,300	5,600
Average Cost/Unit*	2.45	3.03	3.18

*Average cost/unit is based on expenditures for training grants.

Program Need

Staff development, essential to any organization or program, is particularly important in programs for older americans. With the impact of an aging population, service programs provided to seniors are rapidly expanding and evolving as a result of the increased need. This growth has attracted new service providers and created expansion in the present service network. The majority of staff in the network lack traditional gerontology training. Additionally, many of the administrators have years of social services experience but lack the necessary fiscal and management skills.

In response, training programs must cover a multitude of needs. Training must focus on the basics of gerontology and management as well as the new issues affecting the aging network. Training must be timely and intensive. Issues must be addressed as they impact the network. The appropriate skills, sometimes very technical in nature, must be presented for staff who will be dealing with these issues on a day to day basis. Additionally, the programs must cater to both the new and experienced staff, the front-line worker and the administrator, the volunteer and the professional.

Each year the demand for training continues to increase. By exposing the aging network to a variety of subjects, the need for supplemental and other areas of training is revealed. Training program evaluations consistently identify unmet areas of training. This,

in conjunction with new state and Federal initiatives, helps to prioritize and strategize the training programs plan from year to year. The Department utilizes this plan to provide a wide array of training opportunities to ensure that services are effective and well managed.

B. Historical Data

Since the Department began administering funds for training and staff development in 1974, the program has been through several periods marked by significant change.

Fiscal Years 1974-1978 - During this period, both the Department and the Area Agencies on Aging were allocated portions of the State's award of Federal Title IV-A funds for training. Quality and content of training were varied and fragmented. Federal guidelines in Fiscal Year 1978 requested states to utilize a minimum of 67 percent of training funds for activities directly supportive of the educational community in the delivery of training.

Fiscal Year 1979 - The year was marked by two important changes in the program. First, federal guidelines still encouraged the utilization of educational institutions, but the 67 percent mandate was dropped. Secondly, the year marked the beginning of the Department's utilization of nearly all Title IV-A funds. The Department began contracting with consultants and presenting training sessions statewide on a variety of subjects. In addition, reusable resource material was collected.

Fiscal Year 1980 saw a major change in training with the development and implementation of a training plan under Title XX of the Social Security Act. A portion of these funds was used for training in the Community Care Program and the Donated Funds Initiative.

Fiscal Years 1981 and 1982 - With the addition of Title XX for training, the Department more than doubled the resources available for training. As Title IV-A dollars decreased in Fiscal Year 1981 by 21 percent to $227,733, Title XX training dollars played an increasingly important part in the Department's training plans. However, in Fiscal Year 1982, the Department experienced an additional decrease of Title IV-A funds and was notified Title XX funding for training would not continue in Fiscal Year 1983.

Title IV-A training in Fiscal Year 1983 placed a high priority on the provision of statewide training to meet the emerging needs of new programs such as data processing and case management. In addition, the Statewide Aging Network Conference was reintroduced.

Fiscal Year 1984 to Present - Federal legislation in 1984 brought significant change to the method in which training funds are allocated. Under the new guidelines, five percent of all Title III appropriations is the maximum allowed for administration. At the discretion of the Department, these funds (5%) may be used for training, advocacy assistance/legal services and administration. The Department continues to view training as a valuable entity to the network and uses the flexibility of the federal legislation to allot funds for needed training programs.

II. PROGRAM STRATEGIES AND PRIORITIES

The overall goal of the Department's training and staff development programs is the development and implementation of a comprehensive and effective package addressing needs of professionals and volunteers working in the aging network. Training focuses on improving the capabilities of network staff to recognize problems and developing effective solutions related to the needs of the elderly priority populations including: 1) minority, 2) those in greatest economic and social need, 3) rural, 4) those in need of protective services, 5) those seeking employment opportunities, 6) the health impaired, 7) victims of Alzheimer's Disease and 8) well elderly.

Strategies for the future revolve around cost containment and providing more specific in-depth and technical training. The Department continues to coordinate major training activities with other cabinet level departments such as the Department of Public Aid, the Department of Rehabilitation Services, the Department of Public Health, and the Department of Mental Health and Developmental Disabilities, and interested associations such as the Illinois Public Health Association and the Illinois Gerontology Consortium. By co-sponsoring and sharing the cost, the training dollars can be stretched and many registration costs can be lowered or eliminated. Stretching limited resources allows for training to be presented more frequently on a regional basis, thereby making training more accessible to local providers and participants. Additionally, contractors are encouraged to provide a portion of their services in-kind.

Training needs of the aging network are assessed both formally and informally. Training needs surveys are regularly sent to Area Agencies on Aging and evaluations from trainings and workshops are analyzed to help strengthen future training and identify new training needs. In addition, Department training staff are visible at all training sessions to receive suggestions and comments.

In Fiscal Year 1987 the Department convened a Statewide Training Coordination Group made up of organizations, agencies and statewide association providing services to seniors. The group is charged to identify training needs and resources, to improve coordination and marketing of training, to develop "ownership" of the network to the training and to aid in the development of the State Training Plan.

Once training needs are identified, the State Training Plan is developed. Specific strategies related to this plan and other strategies necessary to the strengthening of Training and Staff Development Services are:

- continuing the Statewide Conference on Aging providing an array of quality training sessions, as well as a planned and directed opportunity to foster closer linkages with the agencies that service older persons;

- continuing to co-sponsor training and conferences appropriate to the aging network;

- continuing to involve the medical and educational institutions in the training of the aging network;

- continuing to expand the resource pool of qualified speakers and presentors used for the trainings;

- continuing to seek additional and alternative funding for training through various funding success; and,

- improving and expanding the material and usage of the audio-visual resources of the Department.

Training and Staff Development are provided in the three following categories:

1. **Conference Coordination.** The Governor's Conference for the Aging Network, Alzheimer's Disease Conference, Health and Aging Conference,

and the Medicaid Waiver Conference are examples of the Department's ongoing activities related to conference coordination. Development of conferences often involves coordinating training with other state agencies on a multi-disciplinary topic, like the Mental Health and Aging Conference with the Illinois Association of Community Mental Health Agencies and the Governor's Long Term Care Conference with the Department of Rehabilitation Services, the Department of Public Aid, the Department Mental Health and Developmental Disabilities, and the Department of Public Health.

2. **Topical Aging Network Training:** Training and workshops designed to increase awareness and knowledge on the part of practitioners about specific and current aging topics. Recent examples of topical aging network training include: Financial Exploitation of the Elderly, Fiscal Management Training, Advocacy Workshop, and case management training.

3. **Support Training:** Training and workshops under this category are supportive of Department goals and initiatives and are directed to State staff, seniors, and individuals outside the aging network. Examples for State staff are training on benefits, memoronics, effective writing and travel. An example for seniors is the Home Safety workshops and an example of the third type is the Aging Sensitivity workshop for housing managers.

Priority areas for training in the coming year center on the following subject areas:

1. Targeting Minority Elderly
2. Elder Abuse
3. Housing Alternatives
4. Alzheimer's Disease
5. Board and Council Training
6. Health Promotion
7. Mental Health
8. Grantee and Subgrantee Management
9. Nutrition
10. Case Management
11. Support Services Training

Priorities of persons to be trained fall into four broad categories: 1) local service providers funded by state and Area Agencies on Aging, both paid and

volunteer; 2) Area Agency on Aging personnel and boards; 3) state agency staff; and 4) local service providers working with older people not funded by Older American Act's funds, i.e., social service, community mental health.

III. PROGRAM ANALYSIS

The Training and Staff Development Program has now experienced three straight years of marked achievement, improved management and steady growth. The greatest growth again came in the number of recipients. Fiscal Year 1984 had 2,473 recipients with Fiscal Year 1985 showing an increase of 2,048 to 4,521. Fiscal Year 1986 saw this number climb to 6,292.

This growth can be attributed to the increase in the availability and number of trainings. Twenty-seven (27) different training programs were presented in Fiscal Year 1986. Of this number, seven (7) were presented at three sites or more throughout the State. The breakout by training categories were sixteen (16) topical, nine (9) conferences, and two (2) support. Ten (10) of the trainings or 37 percent were co-sponsored with our financial involvement ranging from 50 percent to 20 percent.

The unit cost for training was $2.48 in both Fiscal Year 1984 and Fiscal Year 1985. In Fiscal Year 1986, the cost dropped to $2.45. The Financial Exploitation Training had the lowest unit rate at $.59. This is attributed to all speakers donating their time and the only costs being meeting rooms and travel expenses of presenters. The highest unit rate was $11.11 with the Elder Abuse forms training. This training was only for the Elder Abuse Management Team and was very technical in nature.

Network staff attended a total of 50,936 units (hours) of training in Fiscal Year 1986. This number decreased from the previous year's 58,876 units. There are two reasons for this decrease. First, one-day training sessions were provided, thus lowering the number of hours of those trainings. (Thirteen (13) training programs were one day in length.) The one-day training sessions accounted for 51 percent (3,732) of the total recipients but only 31 percent (16,035) of the total units of service.

Second, the program has computerized much of the record keeping. Reports are now generated that allow for better projections and management of objectives. Additionally, the numbers that are generated are more concise and void of duplication. When necessary, these reports now make it

possible to produce daily updates of funds allotted, spent and outstanding on each training objective.

The following is a brief synopsis of the major training programs and other related activities in Fiscal Year 1986:

A. Major Training Programs

The 1986 Governor's Conference for the Aging Network was attended by over 790 individuals. The conference was expanded from 2 1/2 days to 3 1/2 days. The conference theme was "Aging in the 80's", The Challenge of Change" and featured 59 workshops and 26 roundtable sessions.

Governor's Conference on Long Term Care co-sponsored by the Department with the Departments of Public Aid, Mental Health and Developmental Disabilities, Public Health, and Rehabilitation Services. The conference featured 67 workshops under five tracks (Patient Care, Institutional Alternatives, Regulation and Financing, Needs of Special Populations, and Best Practices and Innovations). The conference was 3 1/2 days in length and was attended by 869 individuals.

The two-day **Statewide Alzheimer's Disease Conference** attracted over 260 individuals. In addition to the 22 intensive workshops, the 16 roundtables and 12 poster sessions, this first time conference featured nationally renowned speakers and offered a plenary session on the research, current theories and future trends from the medical field.

Approximately 650 individuals attended the **Lay Advocacy** training held in seven locations throughout the State which was presented in conjunction with the John Marshall Law School. Information from the two-day workshops will help to assist individuals in identifying legal problems that effect seniors and to refer them to appropriate sources.

455 individuals attended the **Financial Exploitation and Elder Abuse Training** sponsored by DoA and the Guardianship and Advocacy Commission held in three locations throughout the State. The training provided information on identifying, preventing and interviewing of financial exploitation cases.

The **Region V Adult Protective Services Conference** was attended by approximately 250 individuals. It provided

an overview on reporting efforts, laws and crisis intervention with nationally known experts as presenters.

257 individuals attended the **Mental Health and Aging Conferences** at four sites across the State. The training focused on opening the lines of communication between the Aging Network and Mental Health System.

Case Management III Training was attended by over 500 individuals. The training was repeated in consecutive days in three geographic locations. Workshop tracks were designed for new and veteran staff and administrators.

Health and Aging Conference attended by nearly 450 individuals was featured by its emphasis on shaping rational health policy for seniors.

Approximately 450 attendees, took advantage of the **Nutrition Training** presented at five sites across the State. The training emphasized marketing, community relations, self-promotion and work management.

B. Other Related Activities

Audio-Visual Resources - Fiscal Year 1986 saw a total of 364 films, video-cassettes, slides, tapes and film strips used by aging network agencies. In order to bolster and update the resource materials, four new films, seven slide cassette programs and two notebook and cassette programs were purchased. In addition, the Department entered into a rental arrangement with the University of Illinois Center. This arrangement enabled the Department to acquire thirty-five (35) films for the same cost as the purchase of the three to four films. Additionally, the 1987 version of the Audio-Visual Resource Catalog was printed and distributed at the Statewide Aging Conference.

Speakers Bureau - The Department through the cooperation of twenty other state agencies responded to thirty requests for speakers on a variety of subjects appropriate to that state agency.

Home Safety Workshop - Over 40 one-hour workshops on home safety for seniors were presented at senior centers across the State. A total of 932 seniors took advantage of this common sense approach to home safety.

State Staff Development - Seven trainings were presented to Department staff on such subjects memrionics, communication skills, insurance, savings bonds and travel as a tax deduction.

IV. FUTURE DIRECTIONS

A. Anticipated Policy and Program Changes

The State Training Plan includes Crisis Intervention, Housing Alternatives, Health Promotion, Management and Communication Skills, Board and Council Training as new training initiatives. As previously mentioned, the Statewide Training Coordination Group will play a key role in the future direction of the training and staff development program. The group is made up of individuals from fifteen organizations associated with services to seniors. The main charge of the group is to identify needs for training and develop a subsequent plan for the Fiscal year.

B. Critical Policy and Program Questions

As the Aging Network in Illinois grows and matures, the training needs of staff expands and diversifies. New staff require introduction to the basics. New projects and initiatives demand training expand into areas previously not explored. Additionally, the experienced staff necessitate a more sophisticated level of training.

To meet these needs a larger variety of training programs must be developed. More complex and sophisticated trainings require more qualified and subsequently more expensive trainers.

At the same time, the need to present training programs, with minimal or no registration costs and on a regional basis continues to be a critical ingredient to the overall success of the program.

Each of these factors make presenting the training more expensive and, make cost containment efforts challenging for the future. This trend will continue as the growth in the aging network continues. The critical question ahead for Fiscal Year 1988 and beyond is the containment of the cost within the budget while simultaneously providing adequate training to meet the increasing needs of the aging network.

CHAPTER 5

CENTRAL MANAGEMENT

I. Introduction

- Summary of Funds

A. Mission
B. History
C. Administration Structure
D. Department Responsibilities

- Planning and Reporting Requirements
- Audit Requirements
- Interagency Activities

II. Program Strategies and Analysis

A. Planning and Coordination

- Medicaid Waiver
- Nursing Home Advocacy Program
- Research and Demonstration program
- Research Fellowship Program

B. Program Management Initiatives

- Rulemaking

C. Review and Evaluation
D. Advocacy

III. Future Directions

- "Aging America - It's Everyone's Future"
- Older Women's Initiative
- Interdependence of the Generations

CHAPTER 5

CENTRAL MANAGEMENT

The Department on Aging is the single state agency authorized to administer specified programs for the elderly and to receive and disburse Federal funds through the Older Americans Act. Operations of the Illinois Department on Aging are supported with a mix of state and Federal funds, and supplemented by grants for model/special projects.

I. INTRODUCTION

Summary of Funds

Central Management	FY 86 Actual	FY 87 Estimated	FY 88 Recommended
Expenditures ($000s)	4,308.8	4,881.6	5,047.4
Special Projects	48.8	110.0	- 0-
Administration and Operations	4,260.0	4,771.6	5,047.4

A. Mission

The Illinois Department on Aging is the lead state agency designated to administer programs for older persons. The creation of the Department as a cabinet level agency in 1973 underscores the emphasis that the state's leaders, policymakers and citizens placed on a coordinated approach to the development of programs designed specifically to serve the state's older population.

The mission of the Department is to develop a comprehensive service plan to meet the needs of the state's seniors. In fulfilling its mission, the Department responds to the dynamic needs of society's aging population through a variety of activities including:

- planning, implementing and monitoring integrated service systems;
- coordinating and assisting the efforts of local community agencies;

- advocating for the needs of the state's senior population;

- cooperating with federal, local and other agencies of government in developing programs and initiatives.

An emphasis in the Department's enabling legislation includes the responsibility to establish and fund services as alternatives to premature institutionalization of older individuals. The Department's Community Care Program, an in-home services program for eligible elderly individuals, is a direct response to this mission as are the in-home services available through the Older Americans Act Title III programs.

B. History

Prior to 1972, the administration of aging services in Illinois had been the responsibility of a section at the Department of Public Aid. In 1972, an Office of Aging Services within the Department of Public Aid managed aging programs until the 1973 Illinois Act on Aging created the Department on Aging. At its inception, the Department, one of the first cabinet level agencies of its type in the United States, employed 17 staff members and operated with a combined federal and state budget of approximately $5,000,000. Fourteen years later the Department's staffing levels have increased approximately eight times their original level - from 17 positions to 138 positions.

The rapid growth in the aged sector of the population is reflected in the growth of the Department's budget. While the budget notably reflects these trends, staffing levels do not adequately parallel the growth. Consequently, responsibility for an increasing number of administrative tasks has been delegated to a proportionately smaller number of staff.

C. Administrative Structure

The Department's administrative structure reflects major areas of activity required to fulfill the agency's mission. The Office of the Director includes these organizational areas - Director, Chief Deputy Director, Special assistants (two), General Counsel, Internal Auditor, Office of Public Information and Advocacy, Office of Personnel Management, Legislative Liaision and Illinois Nursing Home Advocacy Coordinator. Other organizational areas are the Division of General Services, the Division of Long Term Care, the Division of Administrative Compliance, and the Division of Older American Services.

The mission of the **Office of the Director** is to provide leadership in administering Department programs, to assure effective management and to act as a visible advocate for Illinois' older persons. Specific functions are establishing policy, analysis of management operations, legal opinions and review, audit review, public information and senior advocacy.

The Director has overall responsibility for the Department's policies, services and management.

The Chief Deputy Director has responsibility for programs, operations and coordination among the four divisions.

The two **Special Assistants** (one in Springfield, one in Chicago) review and recommend action on Departmental activity, perform special tasks at the Director's request and officially represent the Department when necessary.

The **General Counsel** provides legal guidance and counsel oversight on Departmental programs, policies and operations.

The **Internal Auditor** conducts regular and special audits of internal administrative and accounting controls; of obligation, receipt and expenditure of public funds and develops an annual audit program and plan.

The Office of Public Information and Advocacy promotes access to services through dissemination of public information (news articles, media announcements, monthly and quarterly newsletters, brochures, reports, etc.) to the aging network and Illinois' older persons. The office also coordinates special events and projects designed to focus attention to network and Department programs.

The **Office of Personnel Management** is responsible for the overall management, implementation and follow-up on matters pertaining to personnel, payroll and employee relations.

The **Legislative Liaison** prepares Department position papers on proposed legislation affecting Illinois' elderly population; drafts Departmental legislation and represents the Department as liaison to the General Assembly.

The Illinois Nursing Home Advocacy Coordinator orchestrates public information/awareness initiatives of the Illinois Nursing Home Advocacy Program. The

position also addresses the resolution of problems that may arise from constituent complaints and coordinates with the Nursing Home Hot Line at the Department of Public Health.

The Division of General Services is responsible for the efficient and effective management of rulemaking, accounting, grants administration, data processing and office support services of the Department.

The Division of Older American Services insures the effective utilization of financial resources received by the Department under the authority of the Older Americans Act in order to maximize the resource base of services and programs created by the legislation.

The Division of Long Term Care plans and manages the daily operations of the agency's long term care programs to ensure the effective and efficient delivery of services to the state's impaired elderly individuals. The Division also facilitates service coordination in order to create a continuum of long-term care services in the State of Illinois.

The Division of Administrative Compliance develops and implements administrative procedures and review instruments designed to insure regulatory compliance at the grantee, sub-grantee and contractor levels with federal and/or state requirements.

The administrative units in the agency coordinate their efforts in order to ensure that the State's elderly population is effectively and efficiently served.

D. Department Responsibilities

As the agency charged with administering programs for senior citizens statewide, the Department has several responsibilities including:

- preparation and publication of planning documents and reports;
- audit requirements; and
- participation in interagency initiatives.

Planning and Reporting Requirements

Required reports and documents distributed by the Department include:

State Plan. The Federal Older Americans Act of 1965 (P.L. 95-478, Section 305) requires the Illinois Department on Aging to submit a State Plan to the Administration on Aging, United States Department of Health and Human Services every three years. The Plan is based upon individual Area Agency plans and presents the allocation method for the distribution of Older Americans Act funds in Illinois. The State Plan for Fiscal Year 1986-88 was submitted on August 1, 1985. The FY 88 amendments to the plan must be submitted by August 1, 1987.

Human Services Plan I and II. Public Act 79-1035, the Welfare and Rehabilitation Services Planning Act, requires the Department on Aging to develop a plan that facilitates and complements the Agency budget process. The Human Services Plan consists of two parts. Part I is the Human Services Data Report, due to the General Assembly at the beginning of April every year. Part II is the Human Services Policy Papers, due to the General Assembly in July each year.

Human Services Subcabinet Report. The Department is a member of the Governor's Human Services Subcabinet. A monthly report is submitted by each member.

Pre-Expenditure Report. As an Allied Agency participating in the Title XX (Social Security Act) program, the Department on Aging cooperates with the designated State Agency (Illinois Department of Public Aid) by providing information on the Department's service programs eligible for reimbursement under the Title XIX Social Service Block Grant of the Social Security Act. The Department of Public Aid, which is responsible for preparation and publication of the Pre-Expenditure Report, includes information provided by Allied Agencies in the report. The deadline for the report is July, 1987.

Older Americans Act Reporting. Financial reports of Title III expenditures and recipients of Older Americans Act funds are prepared on a quarterly basis and submitted to the Administration on Aging. Program reports are submitted annually. Title V reports are prepared on a quarterly basis and submitted to the Department of Labor.

Title V Employment Application. As a result of a cooperative agreement between the Administration on Aging and the United States Department of Labor, Title V

of the Older Americans Act is funded by the Department of Labor. To receive funds for employment assistance to persons age 55 years and older, the Illinois Department on Aging prepares an annual application to be submitted in March, 1987 to the Department of Labor.

Elder Abuse Demonstration Act. Legislation creating the Elder Abuse Demonstration Act in FY 1984 requires that the Department submit an interim report to the Governor and General Assembly in April of each year. Activities under the demonstration project will be completed on June 30, 1987, with a final report due in December, 1987.

Long Term Care Ombudsman Annual Report. The Older Americans Act requires that the Department on Aging submit a report annually to the Commissioner on Aging by December 31 each year. The report must include complaint statistics, long term care issues, and state and local program information.

Community Care Program Annual Report. Public Act 81-202 requires the Department on Aging and the Department of Rehabilitation Services, to develop a joint annual report of services provided. This report, required to be submitted no later than September 30 of each year, describes Community Care Program activities conducted under the Act during the previous State fiscal year.

Benson vs. Blaser Report. As a result of a Court Order issued July 2, 1982, the Department on Aging provides the Court with a monthly report on activities related to the processing of Community Care Program applications and the payment of court-ordered penalties. The report is submitted no later than the fifteenth (15th) of each month.

Audit Requirements

The Illinois Revised Statutes require that the Auditor General conduct an audit of the Department once every two years. Subgrantees and contractors are required to be audited by independent, certified public accounting firms. The Department's internal auditor conducts audits of internal administration and accounting controls on a regular basis to ensure agency and grantee compliance with state and federal requirements.

Interagency Coordination

Department staff represent the needs of elderly individuals on a variety of committees, task forces and

commissions. Interagency cooperation is fostered, resulting in joint ventures and formal agreements. The following is a listing and a brief description of the purpose of Committees, Boards and Interagency Agreements in which the Department is involved:

Nursing Home Administration Licensing Board. Reviews applications of individuals requesting certification for nursing home administration.

Executive Committee of the Illinois Jobs Training and Coordinating Council. Reviews, advises and recommends on all aspects of the program relating to the Jobs Training and Partnership Act (JTPA) to the Department of Commerce and Community Affairs.

Retraining for Employment Committees. Reviews, recommends and advises the Illinois Jobs Training and Coordinating Council on all aspects of the Older Individual Program and the Displaced Worker Program.

Policy Advisory Council. Advises the Department of Commerce and Community affairs (DCCA) on the direction and policies of the Illinois Home Energy Assistance Program and the Weatherization Program and Community Services Block Grant.

Nutrition Services Advisory Committee. Formulates recommendations for the Governor and appropriate state agencies to improve nutrition for people statewide with emphasis on children and the elderly.

Long Term Care Facilities Advisory Board. Provides recommendations to the Director of the Department of Public Health on issues related to the regulation of long term care facilities. The Board conducts public meetings to receive input from the public and entities affected by the Department of Public Health policy and regulation.

Interagency Alcoholism and Substance Abuse Board. Oversees the statewide drug abuse prevention programs.

Long Term Care Advisory Committee. Evaluates the impact of proposed Medicaid policy changes in the area of geriatric long term care. The Committee secures a sense of the industry's position on policy matters and makes recommendations to the Department of Public Aid.

Health Coordinating Council (statewide). Meets quarterly to develop and recommend a State Health Policy.

Department of Rehabilitation Services (DORS)-Department on Aging (DoA) Agreement. Sets interagency policy and procedures for client transfer from DORS to DoA as well as agency jurisdiction for initial application based upon the age of the applicant.

Department of Public Aid - Department of Rehabilitation Services - Department on Aging - Department of Mental Health/Developmental Disabilities Agreement. See Medicaid Waiver in the Alternative Care Chapter 2.

Department of Commerce and Community Affairs-Department on Aging Agreement. Establishes a system for the exchange of information; to provide for the sharing of aggregate participant or client data; to provide for interagency cooperation and assistance in the preparation of certain state plans and reports mandated or requested by other governmental agencies; and, to provide for the coordination, integration, and non-duplication of direct services offered at the local level.

State Technical Advisory Committee. Coordinates aging services administered by state agencies and serves as liaison to state agencies and departments facilitating planning and delivery of programs and services for the aging. Members of the Technical Advisory Committee are ex officio non-voting members of the Illinois Council on Aging. Membership includes the Lieutenant Governor as Chairman, the Director of the Department on Aging, the State Superintendent of the State Board of Education and the Directors of the following departments or agencies: Children and Family Services, Commerce and Community Affairs, Comprehensive State Health Planning Agency, Illinois Housing Development Authority, Insurance, Labor, Mental Health and Developmental Disabilities, Public Aid, Public Health, Rehabilitation Services, Revenue, Transportation, and Veterans' Affairs.

II. PROGRAM STRATEGIES AND ANALYSIS

Generally, the Department's responsibilities are categorized into four broad functional areas:

- Program planning and development;
- Program management;
- Program evaluation and review; and
- Advocacy.

New program initiatives proceed through the first three phases. Department activities in any fiscal year encompass all phases as initiatives progress through different stages

throughout the year. Several program initiatives are addressed in earlier chapters while others are presented in this chapter. Advocacy efforts assure that initiatives benefit the State's older population.

A. Planning and Coordination

Interagency efforts, including joint planning conferences, approval of the new Medicaid Waiver, the continued development of the Nursing Home Advocacy Program and the Elder Abuse Demonstration Project, characterize planning and development activities during the past year.

Medicaid Waiver

The Department's second Home and Community-based Services (Medicaid) Waiver was approved in FY 87. Approval of this three year program represents the culmination of planning efforts involving the Department of Public Aid and the Department of Rehabilitation Services. The new request highlights the deinstitutionalization initiative as well as refines program and service components. Refer to Chapter 2 -Alternative Care for specific details.

Nursing Home Advocacy Program

Through its leadership role in the Nursing Home Advocacy Program, the Department coordinates the efforts of key state agencies involved in the state's long term care delivery system. In 1984 the Nursing Home Advocacy Program, a multi-agency initiative, was created by the Governor and charged agencies involved with long term care to renew their commitment to ensuring quality of care and quality of life for Illinois nursing home residents.

In 1986, the Nursing Home Advocacy Program continued filling requests for the publication released in 1985 "Nursing Home Care...A Guide." The publication is available to agencies and individuals throughout the State and provides them with a better understanding of what to look for and expect from a nursing home when making a selection. Also during the year, several requests were made, and granted, to reproduce portions of the guide for training purposes.

Other 1986 activities the Nursing Home Advocacy Program has been involved in are:

- Serving on the Long Term Care Insurance Task Force which includes members of the aging network and the Illinois Department of Insurance.

- Serving on the Department of Public Aid's Executive Task Force on Nursing Homes, comprised of members of the General Assembly, State Agencies, local governmental units, nursing home staff and residents and the general public.

- Serving on the Department of Public Health's Long Term Care Facility Advisory Board, which is made up of members of State agencies, the nursing home industry personnel and other professional involved in the long term care and medical professions and nursing home residents.

The Department on Aging currently shares information from the Department of Public Health related to individual nursing homes cited for violations with substate ombudsman. Through the observations of ombudsman and current Department of Public Health inspection and licensure visits, the State is better able to ensure high quality care in nursing homes. The nursing home hotline received an average of about 575 calls a month during 1986. The hotline serves as an information and referral system in addition to receiving and logging complaints made about specific nursing homes. The largest percentage of the referrals made to the agencies participating in the Nursing Home Advocacy Program, other than Public Health are handled by Department ombudsman.

Research and Demonstration projects

The Department uses Research and Demonstration projects to test innovative program designs and concepts in order to better serve the needs of the state's elderly. Data are collected and analyzed over the course of the demonstration period and used in order to make policy decisions regarding the impact and appropriateness of statewide implementation of the new program. Several research and demonstration programs were discussed previous chapters. An additional initiative is the Research Fellowship Program.

Research Fellowship Program

Each year for the past three years, Illinois has had seven (7) Fellows conducting applied research with applicant agencies. The program received special recognition in a recent edition of The Gerontologist as an exemplary program fostered by a State Unit on Aging.

B. Program Management Initiatives

Rulemaking

As programmatic and administrative needs dictate, the Department complies with the requirements of the Illinois Administrative Procedure Act through its rulemaking process. This process includes a minimum 45 day period for public review of the proposed rule changes which is followed by a 45 day period for review by the legislative Joint Committee on Administrative Rules. Under certain circumstances, the Department also holds public hearings concerning proposed rulemaking to gather specific public input thereby enhancing the Department's rulemaking efforts.

In FY 87, the Title III Administrative Rules were revised to include the intra-state funding formula. Additionally, the Department revised CCP Administrative Rules to clarify portions, correct discrepancies and insert new provisions such as rate setting, freedom of choice, physician's/registered nurse statement and contract guidelines, etc.

C. Review and Evaluation

Quality service provision became the central theme for Department monitoring and compliance efforts in FY 1987. The agency developed and implemented a Quality Assurance Program in which the Division of Administrative Compliance, the Division of Long Term Care and the "800" Unit play key roles.

During FY 87 the Division of Administrative Compliance will conduct compliance reviews of all vendors and CCUs. Findings will be categorized by one of three types of violations. However, any violations found during the review will place the reviewed agency in an "on-notice" status and require corrective action within specified time frames. Violations will be further validated by a second close-out visit.

Department procedures will also provide for service incidents reports where service-related problems are reported to the "800" Unit for recording and follow-up. Staff investigate service incidents reports by conducting unannounced field visits to CCUs and vendors.

D. Advocacy

Advocacy is a major focus of the Office of Public Information and Advocacy permeates all of the Department's activities, programs and publications.

Department staff represent the views and concerns of the elderly through participation in task forces, submitting testimony for legislation, preparation and distribution of publications, and attendance at media events and conferences, Area Agencies on Aging meetings, training sessions and public hearings. In order to effectively advocate for the elderly, the Department solicits the input of elderly individuals themselves through public hearings, the 800 Unit (a toll-free information and referral line), nursing home ombudsman and the appeals process.

The Department is supported in its efforts by the Illinois Council on Aging, the official state and federally mandated advocacy body on aging to the Governor and the Department. Through the input and expertise of its statewide membership, the Council serves as an effective resource for the Department, providing ideas and recommendations related to program focus and effectiveness. Special projects involving the Council include the Older Women's Initiative, educational forums on interdependence of the generations and hearings regarding reauthorization of the Older American's Act (all of which are discussed in the Future Directions section of this chapter).

The Department's Chicago Office at the State of Illinois Center serves as a resource center and focal point for special projects such as crime prevention and consumer advocacy programs. The Department and the American Association of Retired Persons (AARP) collaborate to distribute pamphlets, films and information. Medicare and income tax counseling, as well as defensive driving classes, may be arranged through the Department's Chicago office. The "Don't Get Hooked" program for prevention of fraud and other "con" games has been developed through collaboration with the Association of Illinois Senior Centers, the Illinois Department of State Police, the Illinois Association of Crime Prevention Officers, and the AARP.

III. FUTURE DIRECTIONS

"Aging America - It's Everyone's Future"

The Department and all 13 Area Agencies on Aging in Illinois are joining with the national network on aging in launching an information campaign called "Aging America --It's Everyone's Future."

Sponsored by the National Associations of Area Agencies on Aging (NAAAA) and State Units on Aging (NASUA), the campaign's primary purpose is to create greater visibility and knowledge of aging programs across the nation. A special effort is being made to reach businesses, health care professions and public officials, encouraging them to seek partnership with state and Area Agencies in an effort to expand available resources for older persons. As a part of the educational campaign, the Department and Area Agencies are working to provide more information on senior services to the media, publishers of telephone directories and various individuals who come in contact with older people.

Older Women's Initiative

In November of 1985, the Illinois Council on Aging and the Department formed the Task Force on the Status of Older Women in Illinois. Now that the recommendations of the task force are finalized, Council members will hold a series of eight community forums that draw attention to these recommendations and promote awareness of the special needs of mid-life and older women.

During FY 1987, the Council plans to hold awareness forums throughout the state. Each forum will encourage that community to form chapters of the Older Women's League, a national advocacy group devoted to improving the lives of older women.

Interdependence of the Generations

The Council and the Department are working with nine universities to sponsor a series of discussions this spring on the issue of "Interdependence of the Generations." The purpose of these discussions is to promote the development of a family policy at the state level, thus deflecting possible efforts to create conflict between the younger and older generations.

Most of the generational debate so far has centered on questions relating to federal policy, such as whether the gains in eradicating some poverty among the elderly means that the elderly now have sufficient resources and that moreresources should be directed to children, whether Social Security will be available when young workers need it, and whether the elderly are exhausting an inordinate share of the nation's health resources.

Since this debate may very well move to the state level, the university discussions will help policy makers, taxpayers and aging specialists become aware of the state's changing demographics and its impact on family policy.

CHAPTER 6

Illinois Department on Aging

Obligational Authority and Expenditures

Recipients

Units of Service

Resources and Recipients by Sub-State Area

The following tables include local funding in Section II -Community Social Services and, therefore, exceed the funding summaries for this category depicted elsewhere. Totals are subject to rounding errors.

TABLE 4

Illinois Department on Aging

OBLIGATIONAL AUTHORITY AND EXPENDITURES

	FY 86		FY 87		FY 88
	Obligational Authority Actual	Expenditures Actual	Obligational Authority Actual	Expenditures Estimated	Obligational Authority Recommended
I. Community Soc. Service	41,447.0	39,718.0	41,166.5	41,058.7	41,622.4
. General Revenue Fund	3,161.0	2,826.8	4,116.3	4,008.5	3,274.5
. OAA Title III-B	16,182.8	14,801.2	14,094.7	14,094.7	14,546.1
. OAA Title III-C	22,103.2	22,090.0	22,955.5	22,955.5	23,801.8
. Donated Funds	(1,104.7)	(1,097.6)	(1,159.9)	(1,159.9)	(1,159.9)
. Other			(80.0)	(80.0)	
II. Alternative Care	101,444.2	66,009.5*	82,619.1	77,901.8	86,287.3
. General Revenue Fund	88,065.5	54,334.1	70,187.7	65,450.7	73,206.8
. General Revenue Fund	3,316.1	3,315.9	2,930.7	4,134.4	4,302.8
. General Revenue Fund	5,518.4	4,351.8	5,631.9	4,447.9	4,706.9
. General Revenue Fund	2,962.8	2,962.8	3,099.5	3,099.5	3,099.5
. General Revenue Fund	1,081.4	779.0	671.3	671.3	971.3
. General Revenue Fund	500.0	265.9	98.0	98.0	-0-
III. Economic Opportunity	2,750.0	2,563.9	2,894.0	2,894.0	2,709.9
. General Revenue Fund	150.0	143.8	294.0	294.0	293.5
. OAA Title V	2,600.0	2,420.1	2,600.0	2,600.0	2,416.4
IV. Training and Develop.	249.4	240.5	190.0	190.0	158.6
. OAA Title IV	100	94.7	50.0	50.0	10.3
. OAA Title III	140	138.4	140.0	140.0	148.3
. OAA Title IV-C	9.4	7.4	-0-	-0-	-0-
V. Central Management	4,628.4	4,308.8	4,904.6	4,881.6	5,047.4
. General Revenue Fund	2,775.5	2,677.9	3,069.2	3,055.8	3,243.4
. OAA Title III-B	1,596.8	1,476.0	1,613.2	1,603.6	1,691.8
. OAA Title V	106.1	106.1	112.2	112.2	112.2
. Special Projects	150	48.8	110.0	110.0	-0-

Numbers in parenthesis are excluded from program totals

*FY 86 Alternative Care excludes Client Fees

TABLE 5
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	STATEWIDE	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	62,881,400	22,085	74,033,041	23,246	82,216,501	24,939
1.1	Community Care	62,881,400	22,085	74,033,041	23,246	82,216,501	24,939
	Homemaker	25,927,172	7,923	32,288,826	8,459	37,335,468	9,476
	Chore-Housekeeping	29,073,259	12,962	33,161,880	13,487	35,871,332	14,055
	Adult Day Care	3,620,799	1,200	4,134,400	1,300	4,302,800	1,408
	Assessments	1,866,660	45,689	1,808,645	43,801	1,906,295	44,390
	Case Management	2,393,510	19,945	2,639,290	21,815	2,800,606	24,263
II.	Community Social Svs.	55,350,432	714,404	60,805,445	659,651	61,319,852	660,632
2.1	AAA Activities	7,808,223	0	8,780,724	0	8,838,277	0
	Administration	3,797,438	0	4,096,572	0	4,082,214	0
	Direct Services	4,010,785	0	4,684,152	0	4,756,063	0
2.2	Access Services	11,007,264	372,235	12,385,523	356,064	12,361,279	356,755
	Case Management	4,046,050	73,642	4,488,996	66,368	4,458,061	66,577
	Escort	70,443	607	47,788	686	47,807	676
	Ind. Needs Assessment	258,778	5,588	86,618	11,343	86,586	11,293
	Information/ Referral	1,912,541	211,569	2,959,600	205,499	2,942,603	205,054
	Outreach	1,089,761	46,247	1,181,019	37,159	1,222,484	38,344
	Transportation	3,629,691	34,582	3,621,502	35,009	3,603,738	34,811
2.3	In-Home Services	12,159,842	43,430	13,168,360	36,724	13,032,804	36,724
	Chore-Housekeeping	2,518,972	8,067	2,585,487	7,297	2,575,401	7,337
	Friendly Visiting	164,869	4,026	92,743	1,400	54,415	1,295
	Home Delivered Meals	8,421,699	25,159	9,526,423	23,305	9,479,592	23,500
	Home Health	642,353	2,829	607,496	2,426	607,496	2,446
	Homemaker	271,445	671	249,425	603	249,425	603
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	140,504	2,678	106,786	1,693	66,475	1,543
2.4	Community Services	23,148,229	253,929	25,256,783	239,190	25,215,038	238,536
	Congregate Meals	20,474,533	122,236	22,581,342	126,695	22,543,594	126,761
	Counseling	621,407	2,810	590,889	2,606	552,766	2,606
	Education	46,184	2,846	32,056	2,440	32,056	2,440
	Employment Assistance	7,519	252	7,172	200	7,172	200
	Health Screening	165,279	11,310	109,696	35,618	137,896	35,018
	Housing Assistance	27,177	481	28,030	672	28,030	672
	Legal Assistance	920,403	13,194	1,015,657	11,196	1,015,710	11,116
	Multi. Senior Centers	563,091	0	659,068	17,477	659,111	17,477
	Nutrition Education	168,484	58,274	132,204	28,601	140,604	28,601
	Recreation	154,152	42,526	100,669	13,685	98,099	13,645
2.5	Volunteer Programs	375,000	12,594	367,500	12,785	367,500	12,785
	RSVP	300,000	11,912	294,000	12,103	294,000	12,103
	Foster Grandparent	75,000	682	73,500	682	73,500	682
2.6	Advocacy	670,634	25,000	694,277	10,602	1,352,676	11,546
	Ombudsman	377,527	24,429	367,315	9,834	367,309	9,937
	Protective Services	293,107	571	326,962	768	985,367	1,609
2.7	Other	181,240	7,216	152,278	4,286	152,278	4,286
III.	Economic Opportunity	2,563,900	787	2,894,000	824	2,709,900	787
	Manpower Services	2,420,100	787	2,600,000	824	2,416,400	787
	Senior Employment	143,800	0	294,000	0	293,500	0

TABLE 6
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	STATEWIDE	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	9,620,568	6.54	10,781,014	6.87	11,457,147	7.18
1.1	Community Care	9,620,568	6.54	10,781,014	6.87	11,457,147	7.18
	Homemaker	3,993,508	6.49	4,717,247	6.84	5,236,391	7.13
	Chore-Housekeeping	5,176,012	5.62	5,569,853	5.95	5,723,495	6.27
	Adult Day Care	166,009	21.81	185,828	22.25	185,943	23.14
	Assessments	45,688	65/42	44,157	65/42	44,594	68/44
	Case Management	239,351	10.00	263,929	10.00	266,724	10.50
II.	Community Social Svs.	14,102,802	3.92	14,001,853	4.34	13,991,482	4.38
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	2,263,096	4.86	2,160,775	5.73	2,161,785	5.72
	Case Management	333,026	12.15	366,695	12.24	372,772	11.96
	Escort	10,064	7.00	8,960	5.33	8,920	5.36
	Ind. Needs Assessment	23,700	10.92	9,354	9.26	9,284	9.33
	Information/ Referral	441,895	4.33	401,923	7.36	401,073	7.34
	Outreach	96,620	11.28	92,497	12.77	95,387	12.82
	Transportation	1,357,791	2.67	1,281,346	2.83	1,274,349	2.83
2.3	In-Home Services	3,512,100	3.46	3,206,473	4.11	3,169,421	4.11
	Chore-Housekeeping	536,857	4.69	347,012	7.45	347,052	7.42
	Friendly Visiting	43,194	3.82	20,206	4.59	12,971	4.20
	Home Delivered Meals	2,683,939	3.14	2,650,029	3.59	2,642,046	3.59
	Home Health	49,599	12.95	44,309	13.71	44,309	13.71
	Homemaker	30,049	9.03	21,536	11.58	21,536	11.58
	Residential Repair	0		0		0	
	Telephone Reassurance	168,462	0.83	123,381	0.87	101,507	0.65
2.4	Community Services	5,510,986	4.20	5,744,326	4.40	5,733,064	4.40
	Congregate Meals	5,255,651	3.90	5,402,748	4.18	5,392,652	4.18
	Counseling	27,246	22.81	24,455	24.16	24,455	22.60
	Education	10,830	4.26	8,206	3.91	8,206	3.91
	Employment Assistance	1,023	7.35	830	8.64	830	8.64
	Health Screening	20,920	7.90	21,116	5.19	20,896	6.60
	Housing Assistance	1,848	14.71	1,808	15.50	1,808	15.50
	Legal Assistance	58,484	15.74	53,742	18.90	53,662	18.93
	Multi. Senior Centers	65,557	8.59	55,022	11.98	54,572	12.08
	Nutrition Education	23,026	7.32	14,259	9.27	14,259	9.86
	Recreation	46,401	3.32	162,140	0.62	161,724	0.61
2.5	Volunteer Programs	2,752,278	0.14	2,843,839	0.13	2,843,839	0.13
	RSVP	2,266,886	0.13	2,199,340	0.13	2,199,340	0.13
	Foster Grandparent	485,392	0.15	644,499	0.11	644,499	0.11
2.6	Advocacy	52,944	12.67	38,575	18.00	75,508	17.91
	Ombudsman	42,455	8.89	27,395	13.41	27,598	13.31
	Protective Services	10,489	27.94	11,180	29.25	47,910	20.57
2.7	Other	11,398	15.90	7,865	19.36	7,865	19.36
III.	Economic Opportunity	3,708	691.45	4,824	599.92	4,787	566.10
	Manpower Services	787	3,075.10	824	3,155.34	787	3,070.39
	Senior Employment	2,921	49.23	4,000	73.50	4,000	73.38

TABLE 7
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 01	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	2,762,105	1,189	3,253,208	1,251	3,614,003	1,337
1.1	Community Care	2,762,105	1,189	3,253,208	1,251	3,614,003	1,337
	Homemaker	1,052,868	323	1,311,206	344	1,516,144	386
	Chore-Housekeeping	1,222,063	791	1,409,706	826	1,539,114	864
	Adult Day Care	238,413	75	272,518	81	283,618	87
	Assessments	117,931	3,903	115,514	3,776	122,045	3,780
	Case Management	130,830	1,090	144,264	1,192	153,082	1,326
II.	Community Social Svs.	3,413,766	53,451	3,683,884	62,678	3,579,004	59,225
2.1	AAA Activities	367,200	0	475,339	0	466,000	0
	Administration	229,306	0	233,537	0	246,000	0
	Direct Services	137,894	0	241,802	0	220,000	0
2.2	Access Services	653,066	24,793	729,186	33,500	661,064	31,270
	Case Management	126,621	3,427	168,884	3,970	137,804	3,770
	Escort	30,231	228	13,981	120	14,000	110
	Ind. Needs Assessment	0	0	8,432	1,010	8,400	960
	Information/ Referral	142,497	13,438	141,795	16,020	134,760	15,220
	Outreach	162,588	6,667	175,795	9,000	145,800	8,000
	Transportation	191,129	1,033	220,299	3,380	220,300	3,210
2.3	In-Home Services	671,426	2,388	651,323	2,230	611,900	2,220
	Chore-Housekeeping	57,688	290	50,686	230	40,600	220
	Friendly Visiting	0	0	0	0	0	0
	Home Delivered Meals	604,158	2,068	600,637	2,000	571,300	2,000
	Home Health	9,580	30	0	0	0	0
	Homemaker	0	0	0	0	0	0
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	0	0	0	0	0	0
2.4	Community Services	1,618,062	24,354	1,745,523	25,770	1,708,800	24,490
	Congregate Meals	1,452,345	12,681	1,620,596	15,000	1,585,300	14,250
	Counseling	0	0	38,123	0	0	0
	Education	0	0	0	0	0	0
	Employment Assistance	0	0	0	0	0	0
	Health Screening	71,483	2,299	0	10,100	28,200	9,600
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	29,872	461	31,947	670	32,000	640
	Multi. Senior Centers	44,979	0	54,857	0	54,900	0
	Nutrition Education	19,383	8,913	0	0	8,400	0
	Recreation	0	0	0	0	0	0
2.5	Volunteer Programs	29,504	675	25,907	728	25,907	728
	RSVP	19,151	585	17,545	638	17,545	638
	Foster Grandparent	10,353	90	8,362	90	8,362	90
2.6	Advocacy	74,508	1,241	56,606	450	105,333	517
	Ombudsman	29,508	1,194	11,606	380	11,600	380
	Protective Services	45,000	47	45,000	70	93,733	137
2.7	Other	0	0	0	0	0	0
III.	Economic Opportunity	167,512	42	175,466	42	175,466	42
	Manpower Services	157,610	42	154,176	42	154,176	42
	Senior Employment	9,902	0	21,290	0	21,290	0

TABLE 8
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 01	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	397,235	6.95	448,197	7.26	485,362	7.45
1.1	Community Care	397,235	6.95	448,197	7.26	485,362	7.45
	Homemaker	156,381	6.73	184,721	7.10	212,643	7.13
	Chore-Housekeeping	212,736	5.74	232,778	6.06	242,028	6.36
	Adult Day Care	11,132	21.42	12,475	21.85	12,254	23.14
	Assessments	3,903	65/42	3,797	65/42	3,858	68/44
	Case Management	13,083	10.00	14,426	10.00	14,579	10.50
II.	Community Social Svs.	1,011,472		1,083,269		1,039,277	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	156,643	4.17	198,790	3.67	186,270	3.55
	Case Management	24,367	5.20	28,790	5.87	27,350	5.04
	Escort	2,261	13.37	760	18.40	720	19.44
	Ind. Needs Assessment	0		1,330	6.34	1,260	6.67
	Information/ Referral	27,459	5.19	25,050	5.66	23,800	5.66
	Outreach	15,490	10.50	18,500	9.50	15,000	9.72
	Transportation	87,066	2.20	124,360	1.77	118,140	1.86
2.3	In-Home Services	179,103	3.75	175,120	3.72	166,760	3.67
	Chore-Housekeeping	9,111	6.33	7,120	7.12	6,760	6.01
	Friendly Visiting	0		0		0	
	Home Delivered Meals	168,718	3.58	168,000	3.58	160,000	3.57
	Home Health	1,274	7.52	0		0	
	Homemaker	0		0		0	
	Residential Repair	0		0		0	
	Telephone Reassurance	0		0		0	
2.4	Community Services	492,690	3.28	531,490	3.28	504,920	3.38
	Congregate Meals	474,588	3.06	518,000	3.13	492,100	3.22
	Counseling	0		0		0	
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	8,406	8.50	2,410	0.00	2,290	12.31
	Housing Assistance	0		0		0	
	Legal Assistance	1,366	21.87	1,610	19.84	1,530	20.92
	Multi. Senior Centers	7,074	6.36	9,470	5.79	9,000	6.10
	Nutrition Education	1,256	15.43	0		0	
	Recreation	0		0		0	
2.5	Volunteer Programs	178,432	0.17	175,430	0.15	175,430	0.15
	RSVP	104,253	0.18	101,251	0.17	101,251	0.17
	Foster Grandparent	74,179	0.14	74,179	0.11	74,179	0.11
2.6	Advocacy	4,604	16.18	2,439	23.21	5,897	17.86
	Ombudsman	3,383	8.72	1,210	9.59	1,210	9.59
	Protective Services	1,221	36.86	1,229	36.62	4,687	20.00
2.7	Other	0		0		0	
III.	Economic Opportunity	135	1,240.83	358	490.13	358	490.13
	Manpower Services	42	3,752.62	42	3,670.86	42	3,670.86
	Senior Employment	93	106.47	316	67.37	316	67.37

TABLE 9

ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 02	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	3,590,426	1,406	4,281,000	1,484	4,820,846	1,610
1.1	Community Care	3,590,426	1,406	4,281,000	1,484	4,820,846	1,610
	Homemaker	2,129,995	715	2,652,624	763	3,067,221	855
	Chore-Housekeeping	1,007,436	642	1,155,447	670	1,255,562	700
	Adult Day Care	132,752	49	141,180	51	146,930	55
	Assessments	163,773	3,976	159,212	3,822	168,050	3,827
	Case Management	156,470	1,304	172,537	1,426	183,083	1,586
II.	Community Social Svs.	5,905,128	61,275	5,969,229	68,319	6,169,772	68,528
2.1	AAA Activities	663,103	0	701,174	0	768,066	0
	Administration	341,667	0	341,349	0	383,680	0
	Direct Services	321,436	0	359,825	0	384,386	0
2.2	Access Services	1,520,159	43,381	1,394,164	50,515	1,394,164	50,515
	Case Management	388,080	5,786	393,141	6,012	393,141	6,012
	Escort	0	0	0	0	0	0
	Ind. Needs Assessment	0	0	0	0	0	0
	Information/ Referral	409,679	30,339	421,001	38,476	421,001	38,476
	Outreach	284,840	4,969	268,093	4,179	268,093	4,179
	Transportation	437,560	2,287	311,929	1,848	311,929	1,848
2.3	In-Home Services	1,229,581	2,985	1,281,878	3,254	1,281,878	3,254
	Chore-Housekeeping	0	0	0	0	0	0
	Friendly Visiting	0	0	0	0	0	0
	Home Delivered Meals	1,128,823	2,832	1,181,869	3,055	1,181,869	3,055
	Home Health	100,758	153	100,009	199	100,009	199
	Homemaker	0	0	0	0	0	0
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	0	0	0	0	0	0
2.4	Community Services	2,329,799	12,261	2,441,918	11,954	2,441,918	11,954
	Congregate Meals	1,991,117	9,097	2,126,264	9,708	2,126,264	9,708
	Counseling	211,318	985	184,728	1,175	184,728	1,175
	Education	0	0	0	0	0	0
	Employment Assistance	0	0	0	0	0	0
	Health Screening	0	0	0	0	0	0
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	127,364	2,179	130,926	1,071	130,926	1,071
	Multi. Senior Centers	0	0	0	0	0	0
	Nutrition Education	0	0	0	0	0	0
	Recreation	0	0	0	0	0	0
2.5	Volunteer Programs	59,998	2,584	64,095	2,510	64,095	2,510
	RSVP	48,139	2,482	50,861	2,408	50,861	2,408
	Foster Grandparent	11,859	102	13,234	102	13,234	102
2.6	Advocacy	98,015	64	54,500	66	188,151	275
	Ombudsman	0	0	0	0	0	0
	Protective Services	98,015	64	54,500	66	188,151	275
2.7	Other	4,473	0	31,500	20	31,500	20
III.	Economic Opportunity	218,488	64	186,114	64	186,114	64
	Manpower Services	208,674	64	161,553	64	161,553	64
	Senior Employment	9,814	0	24,561	0	24,561	0

TABLE 10
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 02	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	534,659	6.72	611,942	7.00	656,780	7.34
1.1	Community Care	534,659	6.72	611,942	7.00	656,780	7.34
	Homemaker	334,865	6.36	395,552	6.71	430,185	7.13
	Chore-Housekeeping	174,280	5.78	189,009	6.11	198,909	6.31
	Adult Day Care	5,891	22.53	6,273	22.51	6,350	23.14
	Assessments	3,976	65/42	3,854	65/42	3,899	68/44
	Case Management	15,647	10.00	17,254	10.00	17,437	10.50
II.	Community Social Svs.	1,374,656		1,401,164		927,096	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	213,305	7.13	188,308	7.40	188,308	7.40
	Case Management	38,486	10.08	38,898	10.11	38,898	10.11
	Escort	0		0		0	
	Ind. Needs Assessment	0		0		0	
	Information/ Referral	61,135	6.70	59,082	7.13	59,082	7.13
	Outreach	18,511	15.39	14,028	19.11	14,028	19.11
	Transportation	95,173	4.60	76,300	4.09	76,300	4.09
2.3	In-Home Services	274,668	4.48	303,288	4.23	303,288	4.23
	Chore-Housekeeping	0		0		0	
	Friendly Visiting	0		0		0	
	Home Delivered Meals	270,167	4.18	298,193	3.96	298,193	3.96
	Home Health	4,501	22.39	5,095	19.63	5,095	19.63
	Homemaker	0		0		0	
	Residential Repair	0		0		0	
	Telephone Reassurance	0		0		0	
2.4	Community Services	421,275	5.53	426,072	5.73	426,072	5.73
	Congregate Meals	407,316	4.89	411,315	5.17	411,315	5.17
	Counseling	7,844	26.94	8,895	20.77	8,895	20.77
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	0		0		0	
	Housing Assistance	0		0		0	
	Legal Assistance	6,115	20.83	5,862	22.33	5,862	22.33
	Multi. Senior Centers	0		0		0	
	Nutrition Education	0		0		0	
	Recreation	0		0		0	
2.5	Volunteer Programs	463,914	0.13	481,909	0.13	0	
	RSVP	389,122	0.12	379,448	0.13	379,448	0.13
	Foster Grandparent	74,792	0.16	102,461	0.13	102,461	0.13
2.6	Advocacy	1,474	66.50	1,567	34.78	9,408	20.00
	Ombudsman	0		0		0	
	Protective Services	1,474	66.50	1,567	34.78	9,408	20.00
2.7	Other	20	223.65	20	1,575.00	20	1,575.00
III.	Economic Opportunity	180	1,213.82	429	433.83	429	433.83
	Manpower Services	64	3,260.53	64	2,524.27	64	2,524.27
	Senior Employment	116	84.60	365	67.29	365	67.29

TABLE 11
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 03	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	2,182,593	1,118	2,581,069	1,186	2,853,445	1,278
1.1	Community Care	2,182,593	1,118	2,581,069	1,186	2,853,445	1,278
	Homemaker	873,722	380	1,088,104	405	1,258,172	454
	Chore-Housekeeping	654,860	561	754,305	587	822,563	613
	Adult Day Care	442,912	177	518,056	194	539,156	211
	Assessments	94,249	2,588	91,755	2,492	96,830	2,505
	Case Management	116,850	974	128,849	1,065	136,724	1,185
II.	Community Social Svs.	3,784,095	45,131	3,650,172	40,311	3,672,751	40,344
2.1	AAA Activities	397,641	0	495,483	0	495,483	0
	Administration	284,283	0	286,157	0	286,157	0
	Direct Services	113,358	0	209,326	0	209,326	0
2.2	Access Services	790,870	23,724	782,425	21,047	782,425	21,047
	Case Management	145,224	2,376	142,674	1,743	142,674	1,743
	Escort	0	0	0	0	0	0
	Ind. Needs Assessment	16,239	1,539	18,219	1,003	18,219	1,003
	Information/ Referral	154,654	9,000	156,256	8,756	156,256	8,756
	Outreach	100,581	6,227	114,668	5,163	114,668	5,163
	Transportation	374,172	4,582	350,608	4,382	350,608	4,382
2.3	In-Home Services	954,839	4,866	820,199	4,092	820,199	4,092
	Chore-Housekeeping	137,401	1,826	140,348	1,749	140,348	1,749
	Friendly Visiting	0	0	0	0	0	0
	Home Delivered Meals	583,146	2,379	443,747	1,804	443,747	1,804
	Home Health	130,936	495	146,681	343	146,681	343
	Homemaker	103,356	166	89,423	196	89,423	196
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	0	0	0	0	0	0
2.4	Community Services	1,492,797	12,612	1,469,687	12,542	1,469,687	12,542
	Congregate Meals	1,429,584	8,092	1,409,731	9,501	1,409,731	9,501
	Counseling	0	0	0	0	0	0
	Education	0	0	0	0	0	0
	Employment Assistance	2,355	0	0	0	0	0
	Health Screening	0	0	1,000	0	1,000	0
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	39,045	292	39,956	368	39,956	368
	Multi. Senior Centers	1,459	0	0	0	0	0
	Nutrition Education	626	3,462	4,000	1,948	4,000	1,948
	Recreation	19,728	766	15,000	725	15,000	725
2.5	Volunteer Programs	11,936	581	11,910	599	11,910	599
	RSVP	11,936	581	11,910	599	11,910	599
	Foster Grandparent	0	0	0	0	0	0
2.6	Advocacy	34,312	43	14,800	65	37,379	98
	Ombudsman	34,312	43	14,800	65	14,800	65
	Protective Services	0	0	0	0	22,579	33
2.7	Other	101,700	3,305	55,668	1,966	55,668	1,966
III.	Economic Opportunity	146,385	39	131,737	39	131,737	39
	Manpower Services	136,471	39	111,587	39	111,587	39
	Senior Employment	9,914	0	20,150	0	20,150	0

TABLE 12
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 03	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	281,975	7.74	320,307	8.06	344,917	8.27
1.1	Community Care	281,975	7.74	320,307	8.06	344,917	8.27
	Homemaker	130,635	6.69	154,309	7.05	176,462	7.13
	Chore-Housekeeping	116,680	5.61	127,417	5.92	129,593	6.35
	Adult Day Care	20,387	21.73	23,186	22.34	23,300	23.14
	Assessments	2,588	65/42	2,510	65/42	2,541	68/44
	Case Management	11,685	10.00	12,885	10.00	13,021	10.50
II.	Community Social Svs.	866,150		998,683		999,812	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	204,255	3.87	182,738	4.28	182,738	4.28
	Case Management	5,129	28.31	4,041	35.31	4,041	35.31
	Escort	0		0		0	
	Ind. Needs Assessment	2,432	6.68	1,715	10.62	1,715	10.62
	Information/ Referral	16,230	9.53	16,434	9.51	16,434	9.51
	Outreach	10,994	9.15	9,126	12.56	9,126	12.56
	Transportation	169,470	2.21	151,422	2.32	151,422	2.32
2.3	In-Home Services	235,704	4.05	228,557	3.59	228,557	3.59
	Chore-Housekeeping	21,927	6.27	24,035	5.84	24,035	5.84
	Friendly Visiting	0		0		0	
	Home Delivered Meals	197,203	2.96	191,491	2.32	191,491	2.32
	Home Health	7,303	17.93	5,953	24.64	5,953	24.64
	Homemaker	9,271	11.15	7,078	12.63	7,078	12.63
	Residential Repair	0		0		0	
	Telephone Reassurance	0		0		0	
2.4	Community Services	331,652	4.50	496,209	2.96	496,209	2.96
	Congregate Meals	318,188	4.49	343,000	4.11	343,000	4.11
	Counseling	0		0		0	
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	0		0		0	
	Housing Assistance	0		0		0	
	Legal Assistance	1,536	25.42	1,609	24.83	1,609	24.83
	Multi. Senior Centers	320	4.56	0		0	
	Nutrition Education	757	0.83	600	6.67	600	6.67
	Recreation	10,851	1.82	151,000	0.10	151,000	0.10
2.5	Volunteer Programs	90,098	0.13	85,834	0.14	85,834	0.14
	RSVP	90,098	0.13	85,834	0.14	85,834	0.14
	Foster Grandparent	0		0		0	
2.6	Advocacy	81	423.60	100	148.00	1,229	30.41
	Ombudsman	81	423.60	100	148.00	100	148.00
	Protective Services	0		0		1,129	20.00
2.7	Other	4,360	23.33	5,245	10.61	5,245	10.61
III.	Economic Opportunity	161	909.22	339	388.60	339	388.60
	Manpower Services	39	3,499.26	39	2,861.21	39	2,861.21
	Senior Employment	122	81.26	300	67.17	300	67.17

TABLE 13

ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 04	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	3,080,769	1,001	3,644,838	1,053	4,075,312	1,130
1.1	Community Care	3,080,769	1,001	3,644,838	1,053	4,075,312	1,130
	Homemaker	1,257,400	351	1,565,924	374	1,810,673	419
	Chore-Housekeeping	1,516,344	595	1,757,942	622	1,927,135	651
	Adult Day Care	114,698	55	119,873	57	124,756	60
	Assessments	79,877	1,812	77,102	1,731	81,172	1,770
	Case Management	112,450	937	123,997	1,025	131,576	1,140
II.	Community Social Svs.	2,365,419	24,938	2,253,955	19,958	2,260,216	20,464
2.1	AAA Activities	376,477	0	353,892	0	353,892	0
	Administration	136,879	0	136,912	0	136,912	0
	Direct Services	239,598	0	216,980	0	216,980	0
2.2	Access Services	551,078	8,395	548,380	8,335	548,380	8,500
	Case Management	113,487	2,266	122,761	2,285	122,761	2,350
	Escort	0	0	0	0	0	0
	Ind. Needs Assessment	0	0	0		0	0
	Information/ Referral	63,662	2,374	65,591	3,100	65,591	3,200
	Outreach	25,577	1,283	29,639	550	29,639	650
	Transportation	348,352	2,472	330,389	2,400	330,389	2,300
2.3	In-Home Services	406,070	2,866	383,485	1,600	383,485	1,725
	Chore-Housekeeping	48,935	682	54,616	700	54,616	750
	Friendly Visiting	35,874	1,264	0	0	0	0
	Home Delivered Meals	321,261	920	328,869	900	328,869	975
	Home Health	0	0	0	0	0	0
	Homemaker	0	0	0	0	0	0
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	0	0	0	0	0	0
2.4	Community Services	914,964	7,644	853,782	5,300	853,782	5,450
	Congregate Meals	857,396	6,833	822,865	5,000	822,865	5,200
	Counseling	0	0	0	0	0	0
	Education	0	0	0	0	0	0
	Employment Assistance	0	0	0	0	0	0
	Health Screening	0	0	0	0	0	0
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	41,371	811	30,917	300	30,917	250
	Multi. Senior Centers	16,197	0	0	0	0	0
	Nutrition Education	0	0	0	0	0	0
	Recreation	0	0	0	0	0	0
2.5	Volunteer Programs	20,556	703	24,642	798	24,642	798
	RSVP	18,699	656	19,154	751	19,154	751
	Foster Grandparent	1,857	47	5,488	47	5,488	47
2.6	Advocacy	80,432	2,934	85,781	2,875	92,042	2,941
	Ombudsman	38,975	2,677	45,157	2,600	45,157	2,700
	Protective Services	41,457	257	40,624	275	46,885	241
2.7	Other	15,842	2,396	3,993	1,050	3,993	1,050
III.	Economic Opportunity	65,865	17	68,144	17	68,144	17
	Manpower Services	57,617	17	49,733	17	49,733	17
	Senior Employment	8,248	0	18,411	0	18,411	0

TABLE 14
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 04	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	501,510	6.14	568,554	6.41	574,746	7.09
1.1	Community Care	501,510	6.14	568,554	6.41	574,746	7.09
	Homemaker	204,945	6.14	242,087	6.47	253,951	7.13
	Chore-Housekeeping	278,234	5.45	306,771	5.73	301,115	6.40
	Adult Day Care	5,274	21.75	5,551	21.59	5,391	23.14
	Assessments	1,812	65/42	1,745	65/42	1,758	68/44
	Case Management	11,245	10.00	12,400	10.00	12,531	10.50
II.	Community Social Svs.	570,218		565,055		582,756	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	81,308	6.78	80,600	6.80	88,100	6.22
	Case Management	26,203	4.33	25,000	4.91	30,000	4.09
	Escort	0		0		0	
	Ind. Needs Assessment	0		0		0	
	Information/ Referral	6,161	10.33	7,500	8.75	7,800	8.41
	Outreach	2,829	9.04	3,100	9.56	3,300	8.98
	Transportation	46,115	7.55	45,000	7.34	47,000	7.03
2.3	In-Home Services	108,497	3.74	96,000	3.99	98,400	3.90
	Chore-Housekeeping	5,089	9.62	6,000	9.10	6,400	8.53
	Friendly Visiting	2,645	13.56	0		0	
	Home Delivered Meals	100,763	3.19	90,000	3.65	92,000	3.57
	Home Health	0		0		0	
	Homemaker	0		0		0	
	Residential Repair	0		0		0	
	Telephone Reassurance	0		0		0	
2.4	Community Services	226,371	4.04	228,833	3.73	235,800	3.62
	Congregate Meals	225,000	3.81	228,033	3.61	235,000	3.50
	Counseling	0		0		0	
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	0		0		0	
	Housing Assistance	0		0		0	
	Legal Assistance	1,371	30.18	800	38.65	800	38.65
	Multi. Senior Centers	0		0		0	
	Nutrition Education	0		0		0	
	Recreation	0		0		0	
2.5	Volunteer Programs	147,199	0.14	155,672	0.16	155,672	0.16
	RSVP	132,627	0.14	119,304	0.16	119,304	0.16
	Foster Grandparent	14,572	0.13	36,368	0.15	36,368	0.15
2.6	Advocacy	4,447	18.09	3,400	25.23	4,234	21.74
	Ombudsman	3,203	12.17	2,500	18.06	2,700	16.72
	Protective Services	1,244	33.33	900	45.14	1,534	30.56
2.7	Other	2,396	6.61	550	7.26	550	7.26
III.	Economic Opportunity	115	572.74	291	234.17	291	234.17
	Manpower Services	17	3,389.24	17	2,925.47	17	2,925.47
	Senior Employment	98	84.16	274	67.19	274	67.19

TABLE 15
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 05	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	2,845,741	1,441	3,383,740	1,526	3,764,858	1,641
1.1	Community Care	2,845,741	1,441	3,383,740	1,526	3,764,858	1,641
	Homemaker	1,234,018	511	1,536,804	546	1,777,002	611
	Chore-Housekeeping	1,137,934	880	1,305,106	919	1,418,179	960
	Adult Day Care	167,590	50	222,030	61	231,074	70
	Assessments	141,099	4,302	137,747	4,153	145,422	4,171
	Case Management	165,100	1,376	182,053	1,505	193,181	1,674
II.	Community Social Svs.	4,557,954	70,938	4,668,199	67,274	4,711,309	67,490
2.1	AAA Activities	562,305	0	631,151	0	631,151	0
	Administration	362,272	0	365,787	0	339,924	0
	Direct Services	200,033	0	265,364	0	291,227	0
2.2	Access Services	1,055,039	32,945	914,918	26,225	928,608	26,398
	Case Management	151,960	4,008	168,436	3,465	182,126	3,638
	Escort	22,074	131	27,815	260	27,815	260
	Ind. Needs Assessment	24,792	1,689	20,058	1,600	20,058	1,600
	Information/ Referral	210,756	14,672	158,715	11,000	158,715	11,000
	Outreach	244,111	8,679	256,201	6,700	256,201	6,700
	Transportation	401,346	3,766	283,693	3,200	283,693	3,200
2.3	In-Home Services	863,124	3,960	878,580	3,699	878,580	3,699
	Chore-Housekeeping	43,476	765	50,845	700	50,845	700
	Friendly Visiting	0	0	0	0	0	0
	Home Delivered Meals	602,885	1,691	622,812	1,600	622,812	1,600
	Home Health	147,165	1,161	154,326	1,185	154,326	1,185
	Homemaker	64,205	293	44,975	164	44,975	164
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	5,393	50	5,622	50	5,622	50
2.4	Community Services	1,962,565	20,528	2,127,169	35,419	2,127,169	35,419
	Congregate Meals	1,663,417	9,522	1,822,971	8,000	1,822,971	8,000
	Counseling	81,014	656	107,608	650	107,608	650
	Education	18,789	916	0	500	0	500
	Employment Assistance	5,164	252	7,172	200	7,172	200
	Health Screening	57,860	1,378	50,248	15,500	50,248	15,500
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	9,326	198	13,460	200	13,460	200
	Multi. Senior Centers	67,696	0	75,774	4,000	75,774	4,000
	Nutrition Education	54,037	7,351	49,936	6,369	49,936	6,369
	Recreation	5,262	255	0	0	0	0
2.5	Volunteer Programs	34,945	1,408	33,981	1,505	33,981	1,505
	RSVP	34,945	1,408	33,931	1,505	33,981	1,505
	Foster Grandparent	0	0	0	0	0	0
2.6	Advocacy	79,976	12,147	82,400	426	111,820	469
	Ombudsman	79,976	12,147	82,400	426	82,400	426
	Protective Services	0	0	0	0	29,420	43
2.7	Other	0	0	0	0	0	0
III.	Economic Opportunity	258,262	70	257,650	70	257,650	70
	Manpower Services	242,930	70	231,787	70	231,787	70
	Senior Employment	15,332	0	25,863	0	25,863	0

TABLE 16
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 05	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	426,706	6.67	483,140	7.00	506,521	7.43
1.1	Community Care	426,706	6.67	483,140	7.00	506,521	7.43
	Homemaker	199,211	6.19	235,313	6.53	249,229	7.13
	Chore-Housekeeping	198,567	5.73	215,377	6.06	224,674	6.31
	Adult Day Care	8,116	20.65	10,067	22.06	9,986	23.14
	Assessments	4,302	65/42	4,178	65/42	4,234	68/44
	Case Management	16,510	10.00	18,205	10.00	18,398	10.50
II.	Community Social Svs.	1,076,741		1,034,652		1,037,623	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	201,067	5.25	185,700	4.93	187,200	4.96
	Case Management	30,742	4.94	30,000	5.61	31,500	5.78
	Escort	6,775	3.26	6,500	4.28	6,500	4.28
	Ind. Needs Assessment	3,095	8.01	2,200	9.12	2,200	9.12
	Information/ Referral	48,121	4.38	40,000	3.97	40,000	3.97
	Outreach	21,848	11.17	22,000	11.65	22,000	11.65
	Transportation	90,486	4.44	85,000	3.34	85,000	3.34
2.3	In-Home Services	185,293	4.66	182,300	4.82	182,300	4.82
	Chore-Housekeeping	11,144	3.90	11,200	4.54	11,200	4.54
	Friendly Visiting	0		0		0	
	Home Delivered Meals	144,053	4.19	150,000	4.15	150,000	4.15
	Home Health	17,523	8.40	15,000	10.29	15,000	10.29
	Homemaker	11,270	5.70	4,900	9.18	4,900	9.18
	Residential Repair	0		0		0	
	Telephone Reassurance	1,303	4.14	1,200	4.69	1,200	4.69
2.4	Community Services	487,542	4.03	475,444	4.47	475,444	4.47
	Congregate Meals	439,936	3.78	447,000	4.08	447,000	4.08
	Counseling	5,027	16.12	5,000	21.52	5,000	21.52
	Education	2,490	7.55	1,500	0.00	1,500	0.00
	Employment Assistance	1,023	5.05	830	8.64	830	8.64
	Health Screening	1,921	30.12	2,460	20.43	2,460	20.43
	Housing Assistance	0		0		0	
	Legal Assistance	450	20.72	500	26.92	500	26.92
	Multi. Senior Centers	24,068	2.81	14,000	5.41	14,000	5.41
	Nutrition Education	6,108	8.85	4,154	12.02	4,154	12.02
	Recreation	6,519	0.81	0		0	
2.5	Volunteer Programs	191,264	0.18	190,052	0.18	190,052	0.18
	RSVP	191,264	0.18	190,052	0.18	190,052	0.18
	Foster Grandparent	0		0		0	
2.6	Advocacy	11,575	6.91	1,156	71.28	2,627	42.57
	Ombudsman	11,575	6.91	1,156	71.28	1,156	71.28
	Protective Services	0		0		1,471	20.00
2.7	Other	0		0		0	
III.	Economic Opportunity	143	1,806.03	454	567.51	454	567.51
	Manpower Services	70	3,470.43	70	3,311.24	70	3,311.24
	Senior Employment	73	210.03	384	67.35	384	67.35

TABLE 17
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 06	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	1,327,010	548	1,552,483	576	1,721,866	611
1.1	Community Care	1,327,010	548	1,552,483	576	1,721,866	611
	Homemaker	354,239	121	441,157	129	510,109	144
	Chore-Housekeeping	827,130	408	958,916	427	1,051,207	446
	Adult Day Care	37,229	19	38,909	20	40,494	21
	Assessments	43,742	1,057	42,190	1,009	44,387	1,038
	Case Management	64,670	539	71,311	589	75,669	656
II.	Community Social Svs.	1,542,534	26,408	1,482,635	25,419	1,485,106	26,446
2.1	AAA Activities	237,299	0	215,235	0	215,235	0
	Administration	132,281	0	131,573	0	131,573	0
	Direct Services	105,018	0	83,662	0	83,662	0
2.2	Access Services	169,484	10,203	192,689	9,075	192,689	9,500
	Case Management	3,452	967	31,200	700	31,200	700
	Escort	0	0	0	0	0	0
	Ind. Needs Assessment	7,110	442	0	0	0	0
	Information/ Referral	15,956	6,128	23,010	5,045	23,010	5,300
	Outreach	7,219	1,027	5,507	1,500	5,507	1,500
	Transportation	135,747	1,639	132,972	1,830	132,972	2,000
2.3	In-Home Services	316,538	1,885	231,790	1,480	231,790	1,600
	Chore-Housekeeping	0	0	0	0	0	0
	Friendly Visiting	0	0	0	0	0	0
	Home Delivered Meals	231,237	1,431	231,790	1,480	231,790	1,600
	Home Health	73,922	416	0	0	0	0
	Homemaker	0	0	0	0	0	0
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	11,379	38	0	0	0	0
2.4	Community Services	763,481	13,212	790,000	13,709	787,430	14,185
	Congregate Meals	682,483	5,280	706,530	5,884	706,530	6,500
	Counseling	0	0	0	0	0	0
	Education	0	0	0	0	0	0
	Employment Assistance	0	0	0	0	0	0
	Health Screening	14,299	3,790	11,280	4,600	11,280	4,500
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	32,231	215	36,000	285	36,000	285
	Multi. Senior Centers	290	0	25,812	0	25,812	0
	Nutrition Education	7,988	2,187	7,808	2,900	7,808	2,900
	Recreation	26,190	1,740	2,570	40	0	0
2.5	Volunteer Programs	30,503	1,069	27,804	1,058	27,804	1,058
	RSVP	30,503	1,069	27,804	1,058	27,804	1,058
	Foster Grandparent	0	0	0	0	0	0
2.6	Advocacy	25,229	39	24,000	47	29,041	53
	Ombudsman	25,229	16	18,000	22	18,000	25
	Protective Services	0	23	6,000	25	11,041	28
2.7	Other	0	0	1,117	50	1,117	50
III.	Economic Opportunity	77,236	18	94,887	18	94,887	18
	Manpower Services	69,247	18	76,749	18	76,749	18
	Senior Employment	7,989	0	18,138	0	18,138	0

TABLE 18

ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 06	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	209,047	6.35	234,385	6.62	245,777	7.01
1.1	Community Care	209,047	6.35	234,385	6.62	245,777	7.01
	Homemaker	52,644	6.73	62,185	7.09	71,544	7.13
	Chore-Housekeeping	146,953	5.63	162,025	5.92	164,251	6.40
	Adult Day Care	1,926	19.33	2,027	19.20	1,750	23.14
	Assessments	1,057	65/42	1,017	65/42	1,025	68/44
	Case Management	6,467	10.00	7,131	10.00	7,207	10.50
II.	Community Social Svs.	585,889		573,293		580,281	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	80,318	2.11	84,950	2.27	85,300	2.26
	Case Management	196	17.61	1,550	20.13	1,500	20.80
	Escort	0		0		0	
	Ind. Needs Assessment	936	7.60	0		0	
	Information/ Referral	8,652	1.84	10,600	2.17	10,700	2.15
	Outreach	376	19.20	800	6.88	800	6.88
	Transportation	70,158	1.93	72,000	1.85	72,300	1.84
2.3	In-Home Services	103,797	3.05	68,983	3.36	67,000	3.46
	Chore-Housekeeping	0		0		0	
	Friendly Visiting	0		0		0	
	Home Delivered Meals	92,918	2.49	68,983	3.36	67,000	3.46
	Home Health	2,742	26.96	0		0	
	Homemaker	0		0		0	
	Residential Repair	0		0		0	
	Telephone Reassurance	8,137	1.40	0		0	
2.4	Community Services	184,428	4.14	202,609	3.90	210,950	3.73
	Congregate Meals	170,070	4.01	191,163	3.70	200,000	3.53
	Counseling	0		0		0	
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	3,671	3.90	4,600	2.45	4,500	2.51
	Housing Assistance	0		0		0	
	Legal Assistance	413	78.04	450	80.00	450	80.00
	Multi. Senior Centers	0		3,380	7.64	3,400	7.59
	Nutrition Education	2,074	3.85	2,600	3.00	2,600	3.00
	Recreation	8,200	3.19	416	6.18	0	
2.5	Volunteer Programs	217,227	0.14	216,369	0.13	216,369	0.13
	RSVP	217,227	0.14	216,369	0.13	216,369	0.13
	Foster Grandparent	0		0		0	
2.6	Advocacy	119	212.01	332	72.29	612	47.45
	Ombudsman	57	442.61	132	136.36	135	133.33
	Protective Services	62	0.00	200	30.00	477	23.15
2.7	Other	0		50	22.34	50	22.34
III.	Economic Opportunity	215	359.24	288	329.47	288	329.47
	Manpower Services	18	3,847.06	18	4,263.83	18	4,263.83
	Senior Employment	197	40.55	270	67.18	270	67.18

TABLE 19
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

PSA 07		FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	2,917,850	1,445	3,502,553	1,529	3,952,537	1,664
1.1	Community Care	2,917,850	1,445	3,502,553	1,529	3,952,537	1,664
	Homemaker	1,821,134	789	2,267,979	842	2,622,457	944
	Chore-Housekeeping	693,260	619	798,824	647	871,366	676
	Adult Day Care	121,882	37	140,711	40	146,443	44
	Assessments	117,114	3,198	113,691	3,073	119,839	3,115
	Case Management	164,460	1,370	181,348	1,499	192,432	1,667
II.	Community Social Svs.	3,560,207	29,756	3,613,711	29,205	3,634,791	29,254
2.1	AAA Activities	425,214	0	453,261	0	453,261	0
	Administration	282,973	0	281,824	0	281,824	0
	Direct Services	142,241	0	171,437	0	171,437	0
2.2	Access Services	929,160	11,778	861,871	11,356	861,871	11,356
	Case Management	236,891	3,232	245,451	3,136	245,451	3,136
	Escort	0	0	0	0	0	0
	Ind. Needs Assessment	0	0	0	0	0	
	Information/ Referral	47,974	3,601	53,412	3,193	53,412	3,193
	Outreach	13,197	1,158	5,886	1,147	5,886	1,147
	Transportation	631,098	3,787	557,122	3,880	557,122	3,880
2.3	In-Home Services	634,040	2,690	827,585	2,380	827,585	2,400
	Chore-Housekeeping	0	0	0	0	0	0
	Friendly Visiting	0	0	0	0	0	0
	Home Delivered Meals	476,472	2,156	643,858	1,736	643,858	1,736
	Home Health	157,568	534	183,727	644	183,727	664
	Homemaker	0	0	0	0	0	0
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	0	0	0	0	0	0
2.4	Community Services	1,520,551	11,940	1,417,393	12,049	1,417,393	12,049
	Congregate Meals	1,453,782	6,185	1,355,503	6,149	1,355,503	6,149
	Counseling	0	0	0	0	0	0
	Education	0	0	0	0	0	0
	Employment Assistance	0	0	0	0	0	0
	Health Screening	0	0	0	0	0	0
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	48,400	834	48,560	800	48,560	800
	Multi. Senior Centers	0	0	0	0	0	0
	Nutrition Education	18,369	4,921	13,330	5,100	13,330	5,100
	Recreation	0	0	0	0	0	0
2.5	Volunteer Programs	18,710	367	18,584	420	18,584	420
	RSVP	10,198	287	10,071	340	10,071	340
	Foster Grandparent	8,512	80	8,513	80	8,513	80
2.6	Advocacy	32,532	2,981	35,017	3,000	56,097	3,029
	Ombudsman	32,532	2,981	35,017	3,000	35,017	3,000
	Protective Services	0	0	0	0	21,080	29
2.7	Other	0	0	0	0	0	0
III.	Economic Opportunity	113,571	39	152,715	39	152,715	39
	Manpower Services	103,622	39	132,572	39	132,572	39
	Senior Employment	9,949	0	20,143	0	20,143	0

TABLE 20
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 07	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	423,010	6.90	486,726	7.20	532,809	7.42
1.1	Community Care	423,010	6.90	486,726	7.20	532,809	7.42
	Homemaker	277,840	6.55	328,192	6.91	367,806	7.13
	Chore-Housekeeping	120,080	5.77	131,165	6.09	137,218	6.35
	Adult Day Care	5,446	22.38	6,139	22.92	6,329	23.14
	Assessments	3,198	65/42	3,095	65/42	3,129	68/44
	Case Management	16,446	10.00	18,135	10.00	18,327	10.50
II.	Community Social Svs.	925,923		970,737		971,791	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	306,260	3.03	308,778	2.79	308,778	2.79
	Case Management	29,810	7.95	32,103	7.65	32,103	7.65
	Escort	0		0		0	
	Ind. Needs Assessment	0		0		0	
	Information/ Referral	13,222	3.63	12,802	4.17	12,802	4.17
	Outreach	956	13.80	1,073	5.49	1,073	5.49
	Transportation	262,272	2.41	262,800	2.12	262,800	2.12
2.3	In-Home Services	176,940	3.58	171,930	4.81	171,930	4.81
	Chore-Housekeeping	0		0		0	
	Friendly Visiting	0		0		0	
	Home Delivered Meals	162,059	2.94	155,069	4.15	155,069	4.15
	Home Health	14,881	10.59	16,861	10.90	16,861	10.90
	Homemaker	0		0		0	
	Residential Repair	0		0		0	
	Telephone Reassurance	0		0		0	
2.4	Community Services	328,214	4.63	341,275	4.15	341,275	4.15
	Congregate Meals	318,249	4.57	333,231	4.07	333,231	4.07
	Counseling	0		0		0	
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	0		0		0	
	Housing Assistance	0		0		0	
	Legal Assistance	7,850	6.17	6,523	7.44	6,523	7.44
	Multi. Senior Centers	0		0		0	
	Nutrition Education	2,115	8.69	1,521	8.76	1,521	8.76
	Recreation	0		0		0	
2.5	Volunteer Programs	105,246	0.18	141,362	0.13	141,362	0.13
	RSVP	67,557	0.15	65,203	0.15	65,203	0.15
	Foster Grandparent	37,689	0.23	76,159	0.11	76,159	0.11
2.6	Advocacy	9,263	3.51	7,392	4.74	8,446	6.64
	Ombudsman	9,263	3.51	7,392	4.74	7,392	4.74
	Protective Services	0		0		1,054	20.00
2.7	Other	0		0		0	
III.	Economic Opportunity	150	757.14	339	450.49	339	450.49
	Manpower Services	39	2,656.97	39	3,399.28	39	3,399.28
	Senior Employment	111	89.63	300	67.14	300	67.14

TABLE 21
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 08	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	5,893,524	2,469	6,734,082	2,577	7,319,692	2,736
1.1	Community Care	5,893,524	2,469	6,734,082	2,577	7,319,692	2,736
	Homemaker	1,545,665	644	1,924,919	687	2,225,778	770
	Chore-Housekeeping	3,535,256	1,693	3,942,589	1,750	4,183,720	1,815
	Adult Day Care	343,284	132	378,942	140	394,377	151
	Assessments	218,629	4,704	211,200	4,491	222,489	4,568
	Case Management	250,690	2,089	276,432	2,285	293,328	2,541
II.	Community Social Svs.	3,736,557	46,282	3,746,431	32,196	3,744,718	32,232
2.1	AAA Activities	450,272	0	511,267	0	511,267	0
	Administration	254,819	0	253,594	0	210,305	0
	Direct Services	195,453	0	257,673	0	300,962	0
2.2	Access Services	678,723	22,814	668,959	17,079	646,829	17,079
	Case Management	95,813	5,506	103,848	4,550	90,303	4,550
	Escort	0	0	0	0	0	0
	Ind. Needs Assessment	0	0	0	0	0	0
	Information/ Referral	114,593	10,598	128,068	10,029	128,068	10,029
	Outreach	28,005	1,965	0	0	0	0
	Transportation	440,312	4,745	437,043	2,500	428,458	2,500
2.3	In-Home Services	679,485	2,532	628,811	1,532	623,058	1,532
	Chore-Housekeeping	92,947	220	0	0	0	0
	Friendly Visiting	16,536	655	0	0	0	0
	Home Delivered Meals	570,002	1,657	628,811	1,532	623,058	1,532
	Home Health	0	0	0	0	0	0
	Homemaker	0	0	0	0	0	0
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	0	0	0	0	0	0
2.4	Community Services	1,842,192	18,674	1,866,342	11,141	1,866,342	11,141
	Congregate Meals	1,717,707	10,241	1,629,759	10,025	1,629,759	10,025
	Counseling	0	0	0	0	0	0
	Education	0	0	0	0	0	0
	Employment Assistance	0	0	0	0	0	0
	Health Screening	0	0	0	0	0	0
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	63,955	1,872	63,715	1,116	63,715	1,116
	Multi. Senior Centers	22,070	0	172,868	0	172,868	0
	Nutrition Education	0	2,714	0	0	0	0
	Recreation	38,460	3,847	0	0	0	0
2.5	Volunteer Programs	75,127	2,237	71,052	2,444	71,052	2,444
	RSVP	58,084	2,098	54,902	2,305	54,902	2,305
	Foster Grandparent	17,043	139	16,150	139	16,150	139
2.6	Advocacy	0	25	0	0	26,170	36
	Ombudsman	0	25	0	0	0	0
	Protective Services	0	0	0	0	26,170	36
2.7	Other	10,758	0	0	0	0	0
III.	Economic Opportunity	129,280	49	167,433	49	167,433	49
	Manpower Services	116,293	49	148,082	49	148,082	49
	Senior Employment	12,987	0	19,351	0	19,351	0

TABLE 22

ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 08	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	973,953	6.05	1,053,336	6.39	1,049,448	6.97
1.1	Community Care	973,953	6.05	1,053,336	6.39	1,049,448	6.97
	Homemaker	252,749	6.12	298,554	6.45	312,171	7.13
	Chore-Housekeeping	675,469	5.23	705,150	5.59	687,728	6.08
	Adult Day Care	15,962	21.51	17,455	21.71	17,043	23.14
	Assessments	4,704	65/42	4,534	65/42	4,570	68/44
	Case Management	25,069	10.00	27,643	10.00	27,936	10.50
II.	Community Social Svs.	1,612,636		1,449,929		1,451,238	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	185,578	3.66	137,655	4.86	137,655	4.70
	Case Management	9,671	9.91	11,250	9.23	11,250	8.03
	Escort	0		0		0	
	Ind. Needs Assessment	0		0		0	
	Information/ Referral	24,256	4.72	20,500	6.25	20,500	6.25
	Outreach	2,129	13.15	0		0	
	Transportation	149,522	2.94	105,905	4.13	105,905	4.05
2.3	In-Home Services	328,225	2.07	165,795	3.79	165,795	3.76
	Chore-Housekeeping	177,228	0.52	0		0	
	Friendly Visiting	5,167	3.20	0		0	
	Home Delivered Meals	145,830	3.91	165,795	3.79	165,795	3.76
	Home Health	0		0		0	
	Homemaker	0		0		0	
	Residential Repair	0		0		0	
	Telephone Reassurance	0		0		0	
2.4	Community Services	464,796	3.96	533,031	3.50	533,031	3.50
	Congregate Meals	451,291	3.81	527,341	3.09	527,341	3.09
	Counseling	0		0		0	
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	0		0		0	
	Housing Assistance	0		0		0	
	Legal Assistance	4,971	12.87	4,050	15.73	4,050	15.73
	Multi. Senior Centers	0		1,640	105.41	1,640	105.41
	Nutrition Education	0		0		0	
	Recreation	8,534	4.51	0		0	
2.5	Volunteer Programs	633,936	0.12	613,448	0.12	613,448	0.12
	RSVP	496,639	0.12	472,626	0.12	472,626	0.12
	Foster Grandparent	137,297	0.12	140,822	0.11	140,822	0.11
2.6	Advocacy	101	0.00	0		1,309	19.99
	Ombudsman	101	0.00	0		0	
	Protective Services	0		0		1,309	19.99
2.7	Other	0		0		0	
III.	Economic Opportunity	142	910.42	337	496.83	337	496.83
	Manpower Services	49	2,373.33	49	3,022.08	49	3,022.08
	Senior Employment	93	139.65	288	67.19	288	67.19

TABLE 23
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 09	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	1,918,502	778	2,242,803	818	2,495,822	879
1.1	Community Care	1,918,502	778	2,242,803	818	2,495,822	879
	Homemaker	860,854	282	1,072,079	301	1,239,641	337
	Chore-Housekeeping	614,404	408	707,403	426	771,147	445
	Adult Day Care	290,201	88	303,296	91	315,649	97
	Assessments	66,823	1,825	64,951	1,756	68,500	1,773
	Case Management	86,220	718	95,074	786	100,885	874
II.	Community Social Svs.	1,424,077	17,687	1,452,647	17,254	1,459,917	17,264
2.1	AAA Activities	271,462	0	286,756	0	286,756	0
	Administration	135,095	0	133,363	0	133,363	0
	Direct Services	136,367	0	153,393	0	153,393	0
2.2	Access Services	228,831	6,197	243,900	7,793	243,900	7,793
	Case Management	75,949	860	88,304	834	88,304	834
	Escort	0	0	0	0	0	0
	Ind. Needs Assessment	0	0	0	0	0	0
	Information/ Referral	58,021	3,798	69,230	3,910	69,230	3,910
	Outreach	17,542	944	18,807	585	18,807	585
	Transportation	77,319	595	67,559	2,464	67,559	2,464
2.3	In-Home Services	256,008	1,386	284,992	1,454	284,992	1,454
	Chore-Housekeeping	39,519	82	43,989	129	43,989	129
	Friendly Visiting	0	0	0	0	0	0
	Home Delivered Meals	179,798	1,197	209,786	1,200	209,786	1,200
	Home Health	0	0	0	0	0	0
	Homemaker	36,691	107	31,217	125	31,217	125
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	0	0	0	0	0	0
2.4	Community Services	633,337	9,573	604,701	7,543	604,701	7,543
	Congregate Meals	592,546	3,467	563,002	3,808	563,002	3,808
	Counseling	0	0	0	0	0	0
	Education	0	0	0	0	0	0
	Employment Assistance	0	0	0	0	0	0
	Health Screening	0	0	0	0	0	0
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	38,156	494	36,190	450	36,190	450
	Multi. Senior Centers	0	0	0	0	0	0
	Nutrition Education	2,635	5,612	5,509	3,285	5,509	3,285
	Recreation	0	0	0	0	0	0
2.5	Volunteer Programs	10,657	414	11,780	384	11,780	384
	RSVP	10,657	414	11,780	384	11,780	384
	Foster Grandparent	0	0	0	0	0	0
2.6	Advocacy	23,782	117	20,518	80	27,788	90
	Ombudsman	23,782	117	20,518	80	20,518	80
	Protective Services	0	0	0	0	7,270	10
2.7	Other	0	0	0	0	0	0
III.	Economic Opportunity	38,920	10	51,289	10	51,289	10
	Manpower Services	31,146	10	33,114	10	33,114	10
	Senior Employment	7,774	0	18,175	0	18,175	0

TABLE 24
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 09	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	271,087	7.08	307,668	7.29	320,459	7.79
1.1	Community Care	271,087	7.08	307,668	7.29	320,459	7.79
	Homemaker	139,437	6.17	164,706	6.51	173,863	7.13
	Chore-Housekeeping	106,890	5.75	116,622	6.07	121,559	6.34
	Adult Day Care	14,313	20.28	15,065	20.13	13,641	23.14
	Assessments	1,825	65/42	1,768	65/42	1,788	68/44
	Case Management	8,622	10.00	9,507	10.00	9,608	10.50
II.	Community Social Svs.	316,877		313,176		313,540	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	64,315	3.56	59,260	4.12	59,260	4.12
	Case Management	4,557	16.67	5,840	15.12	5,840	15.12
	Escort	0		0		0	
	Ind. Needs Assessment	0		0		0	
	Information/ Referral	23,588	2.46	22,020	3.14	22,020	3.14
	Outreach	960	18.27	854	22.02	854	22.02
	Transportation	35,210	2.20	30,546	2.21	30,546	2.21
2.3	In-Home Services	52,896	4.84	55,654	5.12	55,654	5.12
	Chore-Housekeeping	4,636	8.52	4,696	9.37	4,696	9.37
	Friendly Visiting	0		0		0	
	Home Delivered Meals	44,988	4.00	46,561	4.51	46,561	4.51
	Home Health	0		0		0	
	Homemaker	3,272	11.21	4,397	7.10	4,397	7.10
	Residential Repair	0		0		0	
	Telephone Reassurance	0		0		0	
2.4	Community Services	110,523	5.73	111,968	5.40	111,968	5.40
	Congregate Meals	105,234	5.63	106,762	5.27	106,762	5.27
	Counseling	0		0		0	
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	0		0		0	
	Housing Assistance	0		0		0	
	Legal Assistance	4,229	9.02	3,900	9.28	3,900	9.28
	Multi. Senior Centers	0		0		0	
	Nutrition Education	1,060	2.49	1,306	4.22	1,306	4.22
	Recreation	0		0		0	
2.5	Volunteer Programs	87,691	0.12	84,374	0.14	84,374	0.14
	RSVP	87,691	0.12	84,374	0.14	84,374	0.14
	Foster Grandparent	0		0		0	
2.6	Advocacy	1,452	16.38	1,920	10.69	2,284	12.17
	Ombudsman	1,452	16.38	1,920	10.69	1,920	10.69
	Protective Services	0		0		364	19.97
2.7	Other	0		0		0	
III.	Economic Opportunity	97	401.24	280	183.18	280	183.18
	Manpower Services	10	3,114.60	10	3,311.40	10	3,311.40
	Senior Employment	87	89.36	270	67.31	270	67.31

TABLE 25
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 10	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	1,252,584	507	1,479,129	533	1,649,928	570
1.1	Community Care	1,252,584	507	1,479,129	533	1,649,928	570
	Homemaker	426,490	162	531,136	172	614,151	193
	Chore-Housekeeping	738,939	345	856,674	361	939,124	377
	Adult Day Care	0	0	0	0	0	0
	Assessments	36,635	1,072	35,611	1,031	37,540	1,046
	Case Management	50,520	421	55,708	460	59,113	512
II.	Community Social Svs.	1,767,252	39,811	1,727,665	39,459	1,730,450	39,451
2.1	AAA Activities	152,250	0	146,065	0	146,065	0
	Administration	134,380	0	133,982	0	133,982	0
	Direct Services	17,870	0	12,083	0	12,083	0
2.2	Access Services	283,102	9,630	311,431	9,735	311,431	9,735
	Case Management	45,900	942	51,386	795	51,386	795
	Escort	11,764	222	5,992	280	5,992	280
	Ind. Needs Assessment	0	0	2,235	80	2,235	80
	Information/ Referral	54,814	4,687	68,324	5,300	68,324	5,300
	Outreach	32,742	2,571	32,853	1,830	32,853	1,830
	Transportation	137,882	1,208	150,641	1,450	150,641	1,450
2.3	In-Home Services	323,350	4,026	319,338	4,073	319,338	4,073
	Chore-Housekeeping	12,981	334	22,485	238	22,485	238
	Friendly Visiting	24,551	853	20,964	885	20,964	885
	Home Delivered Meals	257,186	1,568	241,505	1,900	241,505	1,900
	Home Health	0	0	0	0	0	0
	Homemaker	0	0	0	0	0	0
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	28,632	1,271	34,384	1,050	34,384	1,050
2.4	Community Services	1,005,460	25,750	923,935	24,979	923,935	24,979
	Congregate Meals	798,684	6,132	747,494	7,075	747,494	7,075
	Counseling	5,417	215	2,376	231	2,376	231
	Education	27,395	1,930	32,056	1,940	32,056	1,940
	Employment Assistance	0	0	0	0	0	0
	Health Screening	21,292	3,839	24,272	4,668	24,272	4,668
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	24,500	407	24,575	375	24,575	375
	Multi. Senior Centers	76,336	0	56,842	0	56,842	0
	Nutrition Education	5,004	4,729	6,221	3,999	6,221	3,999
	Recreation	46,832	8,498	30,099	6,691	30,099	6,691
2.5	Volunteer Programs	0	0	0	0	0	0
	RSVP	0	0	0	0	0	0
	Foster Grandparent	0	0	0	0	0	0
2.6	Advocacy	3,090	405	26,896	672	29,681	664
	Ombudsman	3,090	405	8,956	600	8,956	600
	Protective Services	0	0	17,940	72	20,725	64
2.7	Other	0	0	0	0	0	0
III.	Economic Opportunity	67,978	26	83,654	26	83,654	26
	Manpower Services	59,968	26	65,472	26	65,472	26
	Senior Employment	8,010	0	18,182	0	18,182	0

TABLE 26
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 10	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	199,662	6.27	225,311	6.56	239,554	6.89
1.1	Community Care	199,662	6.27	225,311	6.56	239,554	6.89
	Homemaker	67,554	6.31	79,797	6.66	86,136	7.13
	Chore-Housekeeping	125,984	5.87	138,905	6.17	146,738	6.40
	Adult Day Care	0		0		0	
	Assessments	1,072	65/42	1,038	65/42	1,050	68/44
	Case Management	5,052	10.00	5,571	10.00	5,630	10.50
II.	Community Social Svs.	534,215		523,782		524,081	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	85,210	3.32	98,832	3.15	98,832	3.15
	Case Management	1,738	26.41	8,375	6.14	8,375	6.14
	Escort	758	15.52	1,500	3.99	1,500	3.99
	Ind. Needs Assessment	0		160	13.97	160	13.97
	Information/ Referral	11,106	4.94	12,516	5.46	12,516	5.46
	Outreach	2,495	13.12	3,555	9.24	3,555	9.24
	Transportation	69,113	2.00	72,726	2.07	72,726	2.07
2.3	In-Home Services	175,688	1.84	159,442	2.00	159,442	2.00
	Chore-Housekeeping	4,154	3.12	5,340	4.21	5,340	4.21
	Friendly Visiting	5,386	4.56	4,313	4.86	4,313	4.86
	Home Delivered Meals	87,029	2.96	84,679	2.85	84,679	2.85
	Home Health	0		0		0	
	Homemaker	0		0		0	
	Residential Repair	0		0		0	
	Telephone Reassurance	79,119	0.36	65,110	0.53	65,110	0.53
2.4	Community Services	271,880	3.70	263,446	3.51	263,446	3.51
	Congregate Meals	220,620	3.62	221,491	3.37	221,491	3.37
	Counseling	234	23.15	672	3.54	672	3.54
	Education	8,340	3.28	6,706	4.78	6,706	4.78
	Employment Assistance	0		0		0	
	Health Screening	6,913	3.08	9,668	2.51	9,668	2.51
	Housing Assistance	0		0		0	
	Legal Assistance	2,210	11.09	2,080	11.81	2,080	11.81
	Multi. Senior Centers	18,270	4.18	9,590	5.93	9,590	5.93
	Nutrition Education	4,319	1.16	3,278	1.90	3,278	1.90
	Recreation	10,974	4.27	9,961	3.02	9,961	3.02
2.5	Volunteer Programs	0		0		0	
	RSVP	0		0		0	
	Foster Grandparent	0		0		0	
2.6	Advocacy	1,437	2.15	2,062	13.04	2,361	12.57
	Ombudsman	1,437	2.15	1,800	4.98	1,800	4.98
	Protective Services	0		262	68.47	561	36.94
2.7	Other	0		0		0	
III.	Economic Opportunity	137	496.19	296	282.61	296	282.61
	Manpower Services	26	2,306.46	26	2,518.15	26	2,518.15
	Senior Employment	111	72.16	270	67.34	270	67.34

TABLE 27
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 11	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	4,311,849	2,048	5,119,928	2,163	5,677,971	2,312
1.1	Community Care	4,311,849	2,048	5,119,928	2,163	5,677,971	2,312
	Homemaker	1,583,343	526	1,971,842	562	2,280,035	630
	Chore-Housekeeping	2,072,944	1,424	2,383,654	1,487	2,595,709	1,554
	Adult Day Care	282,123	98	373,225	114	388,427	128
	Assessments	147,489	3,332	142,055	3,176	149,420	3,274
	Case Management	225,950	1,883	249,152	2,059	264,380	2,290
II.	Community Social Svs.	3,757,518	52,904	3,642,366	42,613	3,606,797	44,408
2.1	AAA Activities	337,920	0	357,878	0	357,878	0
	Administration	226,637	0	224,749	0	224,749	0
	Direct Services	111,283	0	133,129	0	133,129	0
2.2	Access Services	799,866	28,109	668,544	24,726	720,862	26,811
	Case Management	101,084	8,292	143,287	6,834	143,287	6,834
	Escort	0	0	0	0	0	0
	Ind. Needs Assessment	210,637	1,918	0	0	0	0
	Information/ Referral	173,535	9,542	173,556	9,898	163,594	9,898
	Outreach	129,936	6,397	174,058	5,968	245,518	8,053
	Transportation	184,674	1,960	177,643	2,026	168,463	2,026
2.3	In-Home Services	931,535	4,139	839,486	2,705	759,647	2,450
	Chore-Housekeeping	13,540	11	11,720	10	11,720	10
	Friendly Visiting	63,583	576	38,328	105	0	0
	Home Delivered Meals	790,384	3,195	749,127	2,440	747,927	2,440
	Home Health	0	0	0	0	0	0
	Homemaker	0	0	0	0	0	0
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	64,028	357	40,311	150	0	0
2.4	Community Services	1,588,006	18,040	1,637,351	13,250	1,634,899	13,250
	Congregate Meals	1,399,518	10,632	1,416,601	10,650	1,414,149	10,650
	Counseling	0	0	0	0	0	0
	Education	0	0	0	0	0	0
	Employment Assistance	0	0	0	0	0	0
	Health Screening	0	0	22,896	750	22,896	750
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	180,590	1,105	193,089	1,200	193,089	1,200
	Multi. Senior Centers	1,758	0	1,765	350	1,765	350
	Nutrition Education	0	6,181	0	0	0	0
	Recreation	6,140	122	3,000	300	3,000	300
2.5	Volunteer Programs	15,608	622	14,407	582	14,407	582
	RSVP	15,608	622	14,407	582	14,407	582
	Foster Grandparent	0	0	0	0	0	0
2.6	Advocacy	74,583	732	114,700	150	109,104	115
	Ombudsman	24,745	627	25,505	0	25,505	0
	Protective Services	49,838	105	89,195	150	83,599	115
2.7	Other	10,000	1,262	10,000	1,200	10,000	1,200
III.	Economic Opportunity	158,128	52	164,149	52	164,149	52
	Manpower Services	149,341	52	145,212	52	145,212	52
	Senior Employment	8,787	0	18,937	0	18,937	0

TABLE 28
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 11	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	654,303	6.59	737,802	6.94	774,818	7.33
1.1	Community Care	654,303	6.59	737,802	6.94	774,818	7.33
	Homemaker	251,623	6.29	297,224	6.63	319,781	7.13
	Chore-Housekeeping	363,235	5.71	395,567	6.03	409,849	6.33
	Adult Day Care	13,518	20.87	16,893	22.09	16,786	23.14
	Assessments	3,332	65/42	3,203	65/42	3,223	68/44
	Case Management	22,595	10.00	24,915	10.00	25,179	10.50
II.	Community Social Svs.	1,019,294		837,932		930,358	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	177,002	4.52	163,688	4.08	169,878	4.24
	Case Management	23,676	4.27	41,870	3.42	41,870	3.42
	Escort	0		0		0	
	Ind. Needs Assessment	17,237	12.22	0		0	
	Information/ Referral	29,307	5.92	26,579	6.53	26,579	6.16
	Outreach	15,628	8.31	17,727	9.82	23,917	10.27
	Transportation	91,154	2.03	77,512	2.29	77,512	2.17
2.3	In-Home Services	293,916	3.17	251,077	3.34	221,968	3.42
	Chore-Housekeeping	1,859	7.28	1,880	6.23	1,880	6.23
	Friendly Visiting	17,407	3.65	7,235	5.30		
	Home Delivered Meals	231,709	3.41	220,088	3.40	220,088	3.40
	Home Health	0		0		0	
	Homemaker	0		0		0	
	Residential Repair	0		0		0	
	Telephone Reassurance	42,941	1.49	21,874	1.84	0	
2.4	Community Services	417,939	3.80	416,867	3.93	416,867	3.92
	Congregate Meals	406,053	3.45	405,212	3.50	405,212	3.49
	Counseling	0		0		0	
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	0		1,978	11.58	1,978	11.58
	Housing Assistance	0		0		0	
	Legal Assistance	10,843	16.65	9,000	21.45	9,000	21.45
	Multi. Senior Centers	527	3.34	527	3.35	527	3.35
	Nutrition Education	0		0		0	
	Recreation	516	11.90	150	20.00	150	20.00
2.5	Volunteer Programs	120,887	0.13	0		113,865	0.13
	RSVP	120,887	0.13	113,865	0.13	113,865	0.13
	Foster Grandparent	0		0		0	
2.6	Advocacy	6,530	11.42	4,300	26.67	5,780	18.88
	Ombudsman	2,800	8.84	1,600	15.94	1,600	15.94
	Protective Services	3,730	13.36	2,700	33.04	4,180	20.00
2.7	Other	3,020	3.31	2,000	5.00	2,000	5.00
III.	Economic Opportunity	81	1,952.20	334	491.46	334	491.46
	Manpower Services	52	2,871.94	52	2,792.54	52	2,792.54
	Senior Employment	29	303.00	282	67.15	282	67.15

TABLE 29
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 12	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	25,390,874	6,637	29,673,037	6,948	32,830,771	7,406
1.1	Community Care	25,390,874	6,637	29,673,037	6,948	32,830,771	7,406
	Homemaker	8,858,465	2,074	11,032,034	2,214	12,756,306	2,480
	Chore-Housekeeping	14,479,215	4,306	16,489,842	4,467	17,814,033	4,643
	Adult Day Care	853,862	257	897,143	267	933,685	283
	Assessments	495,422	10,326	477,826	9,838	503,114	10,052
	Case Management	703,910	5,866	776,192	6,416	823,633	7,136
II.	Community Social Svs.	15,705,240	137,308	17,096,694	98,092	17,207,189	98,244
2.1	AAA Activities	3,309,018	0	3,356,231	0	3,356,231	0
	Administration	1,038,168	0	1,036,080	0	1,036,080	0
	Direct Services	2,270,850	0	2,320,151	0	2,320,151	0
2.2	Access Services	1,732,180	72,658	2,754,628	57,076	2,754,628	57,076
	Case Management	1,527,891	23,654	1,690,745	21,000	1,690,745	21,000
	Escort	6,374	26	0	26	0	26
	Ind. Needs Assessment	0	0	0	0	0	0
	Information/ Referral	42,199	47,182	964,598	35,793	964,598	35,793
	Outreach	18,565	581	87,628	257	87,628	257
	Transportation	137,151	1,215	11,657	0	11,657	0
2.3	In-Home Services	3,891,893	5,044	4,251,683	3,257	4,251,683	3,257
	Chore-Housekeeping	1,439,970	1,770	1,467,489	1,015	1,467,489	1,015
	Friendly Visiting	6,657	173	0	0	0	0
	Home Delivered Meals	2,441,436	2,477	2,763,194	2,242	2,763,194	2,242
	Home Health	0	0	0	0	0	0
	Homemaker	0	0	21,000	0	21,000	0
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	3,830	624	0	0	0	0
2.4	Community Services	6,676,725	58,051	6,639,336	36,379	6,639,336	36,379
	Congregate Meals	6,196,571	22,912	6,163,659	22,900	6,163,659	22,900
	Counseling	323,658	954	258,054	550	258,054	550
	Education	0	0	0	0	0	0
	Employment Assistance	0	0	0	0	0	0
	Health Screening	345	4	0	0	0	0
	Housing Assistance	0	0	0	0	0	0
	Legal Assistance	106,151	1,586	122,223	2,000	122,223	2,000
	Multi. Senior Centers	0	0	0	0	0	0
	Nutrition Education	0	5,297	45,400	5,000	45,400	5,000
	Recreation	50,000	27,298	50,000	5,929	50,000	5,929
2.5	Volunteer Programs	50,129	1,555	44,816	1,380	44,816	1,380
	RSVP	34,396	1,425	33,246	1,250	33,246	1,250
	Foster Grandparent	15,733	130	11,570	130	11,570	130
2.6	Advocacy	0	0	0	0	110,495	152
	Ombudsman	0	0	0	0	0	0
	Protective Services	10,875	0	0	0	110,495	152
2.7	Other	45,295	0	50,000	0	50,000	0
III.	Economic Opportunity	857,482	262	1,067,417	299	883,317	262
	Manpower Services	831,623	262	1,016,398	299	832,798	262
	Senior Employment	25,859	0	51,019	0	50,519	0

TABLE 30
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 12	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	4,022,303	6.31	4,463,477	6.65	4,765,993	6.89
1.1	Community Care	4,022,303	6.31	4,463,477	6.65	4,765,993	6.89
	Homemaker	1,351,574	6.55	1,596,518	6.91	1,789,103	7.13
	Chore-Housekeeping	2,551,375	5.68	2,738,595	6.02	2,848,096	6.25
	Adult Day Care	38,637	22.10	40,808	21.98	40,349	23.14
	Assessments	10,326	65/42	9,937	65/42	10,004	68/44
	Case Management	70,391	10.00	77,619	10.00	78,441	10.50
II.	Community Social Svs.	2,995,994		2,875,541		2,881,066	
2.1	AAA Activities	0				0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	132,868	13.04	111,608	24.68	111,608	24.68
	Case Management	68,626	22.26	70,000	24.15	70,000	24.15
	Escort	270	23.61	200	0.00	200	0.00
	Ind. Needs Assessment	0		0		0	
	Information/ Referral	52,379	0.81	40,796	23.64	40,796	23.64
	Outreach	1,035	17.94	612	143.18	612	143.18
	Transportation	10,558	12.99	0		0	
2.3	In-Home Services	1,082,171	3.60	1,040,005	4.09	1,040,005	4.09
	Chore-Housekeeping	223,260	6.45	205,695	7.13	205,695	7.13
	Friendly Visiting	2,759	2.41	0		0	
	Home Delivered Meals	851,271	2.87	834,310	3.31	834,310	3.31
	Home Health			0		0	
	Homemaker	0		0		0	
	Residential Repair	0		0		0	
	Telephone Reassurance	4,881	0.78	0		0	
2.4	Community Services	1,339,421	4.98	1,282,301	5.18	1,282,301	5.18
	Congregate Meals	1,317,151	4.70	1,265,000	4.87	1,265,000	4.87
	Counseling	14,141	22.89	9,888	26.10	9,888	26.10
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	9	38.33	0		0	
	Housing Assistance	0		0		0	
	Legal Assistance	6,569	16.16	6,000	20.37	6,000	20.37
	Multi. Senior Centers	0		0		0	
	Nutrition Education	744	0.00	800	56.75	800	56.75
	Recreation	807	61.96	613	81.57	613	81.57
2.5	Volunteer Programs	440,184	0.11	441,627	0.10	441,627	0.10
	RSVP	320,987	0.11	325,253	0.10	325,253	0.10
	Foster Grandparent	119,197	0.13	116,374	0.10	116,374	0.10
2.6	Advocacy	0		0		5,525	20.00
	Ombudsman	0		0		0	
	Protective Services	0		0		5,525	20.00
2.7	Other	1,350	33.55	0		0	
III.	Economic Opportunity	1,904	450.36	686	1,556.00	649	1,361.04
	Manpower Services	262	3,174.13	299	3,399.32	262	3,178.62
	Senior Employment	1,642	15.75	387	131.83	387	130.54

TABLE 31
ILLINOIS DEPARTMENT ON AGING

RESOURCES AND RECIPIENTS BY SUB-STATE AREA

	PSA 13	FY 86 Actual Expenditures	FY 86 Actual Clients	FY 87 Estimated Expenditures	FY 87 Estimated Clients	FY 88 Recommended Expenditures	FY 88 Recommended Clients
I.	Alternative Care	5,407,582	1,499	6,585,170	1,601	7,439,451	1,767
1.1	Community Care	5,407,582	1,499	6,585,170	1,601	7,439,451	1,767
	Homemaker	3,928,979	1,047	4,893,018	1,118	5,657,781	1,253
	Chore-Housekeeping	573,474	289	641,470	299	682,473	311
	Adult Day Care	595,852	163	728,517	184	758,190	203
	Assessments	143,887	3,593	139,792	3,452	147,487	3,471
	Case Management	165,390	1,378	182,373	1,507	193,520	1,677
II.	Community Social Svs.	7,481,240	108,465	7,817,857	116,873	8,057,832	117,282
2.1	AAA Activities	708,334	0	796,992	0	796,992	0
	Administration	493,497	0	537,665	0	537,665	0
	Direct Services	214,837	0	259,327	0	259,327	0
2.2	Access Services	2,294,429	77,608	2,314,428	79,602	2,314,428	79,675
	Case Management	1,129,511	12,326	1,138,879	11,044	1,138,879	11,215
	Escort	0	0	0	0	0	0
	Ind. Needs Assessment	0	0	37,674	7,650	37,674	7,650
	Information/ Referral	538,794	56,210	536,044	54,979	536,044	54,979
	Outreach	52,863	3,779	11,884	280	11,884	280
	Transportation	573,261	5,293	589,947	5,649	589,947	5,551
2.3	In-Home Services	1,681,438	4,663	1,769,210	4,968	1,758,669	4,968
	Chore-Housekeeping	725,462	2,087	743,309	2,526	743,309	2,526
	Friendly Visiting	34,204	505	33,451	410	33,451	410
	Home Delivered Meals	804,913	1,588	880,418	1,416	869,877	1,416
	Home Health	22,424	40	22,753	55	22,753	55
	Homemaker	67,193	105	62,810	118	62,810	118
	Residential Repair	0	0	0	0	0	0
	Telephone Reassurance	27,242	338	26,469	443	26,469	443
2.4	Community Services	2,642,482	21,290	2,739,646	29,155	2,739,646	29,155
	Congregate Meals	1,957,090	11,162	2,196,367	12,995	2,196,367	12,995
	Counseling	0	0	0	0	0	0
	Education	0	0	0	0	0	0
	Employment Assistance	0	0	0	0	0	0
	Health Screening	0	0	0	0	0	0
	Housing Assistance	27,177	481	28,030	672	28,030	672
	Legal Assistance	243,397	2,740	244,099	2,361	244,099	2,361
	Multi. Senior Centers	354,376	0	271,150	13,127	271,150	13,127
	Nutrition Education	60,442	6,907	0	0	0	0
	Recreation	0	0	0	0	0	0
2.5	Volunteer Programs	17,327	379	18,522	377	18,522	377
	RSVP	7,684	285	8,339	283	8,339	283
	Foster Grandparent	9,643	94	10,183	94	10,183	94
2.6	Advocacy	133,300	4,272	179,059	2,771	429,575	3,107
	Ombudsman	85,378	4,197	105,356	2,661	105,356	2,661
	Protective Services	47,922	75	73,703	110	324,219	446
2.7	Other	3,930	253	0	0	0	0
III.	Economic Opportunity	264,793	99	293,345	99	293,345	99
	Manpower Services	255,558	99	273,565	99	273,565	99
	Senior Employment	9,235	0	19,780	0	19,780	0

TABLE 32
ILLINOIS DEPARTMENT ON AGING

UNITS OF SERVICE

	PSA 13	FY 86 Actual Units	FY 86 Actual Unit Cost	FY 87 Estimated Units	FY 87 Estimated Unit Cost	FY 88 Recommended Units	FY 88 Recommended Unit Cost
I.	Alternative Care	725,125	7.46	840,168	7.84	959,970	7.75
1.1	Community Care	725,125	7.46	840,168	7.84	959,970	7.75
	Homemaker	574,053	6.84	678,088	7.22	793,518	7.13
	Chore-Housekeeping	105,530	5.43	110,472	5.81	111,736	6.11
	Adult Day Care	25,410	23.45	29,890	24.37	32,765	23.14
	Assessments	3,593	65/42	3,481	65/42	3,520	68/44
	Case Management	16,539	10.00	18,237	10.00	18,431	10.50
II.	Community Social Svs.	1,212,737		1,260,775		1,270,654	
2.1	AAA Activities	0		0		0	
	Administration	0		0		0	
	Direct Services	0		0		0	
2.2	Access Services	374,967	6.12	359,868	6.43	357,858	6.47
	Case Management	69,825	16.18	68,978	16.51	70,045	16.26
	Escort	0		0		0	
	Ind. Needs Assessment	0		3,949	9.54	3,949	9.54
	Information/ Referral	120,279	4.48	108,044	4.96	108,044	4.96
	Outreach	3,369	15.69	1,122	10.59	1,122	10.59
	Transportation	181,494	3.16	177,775	3.32	174,698	3.38
2.3	In-Home Services	315,202	5.33	308,322	5.74	308,322	5.70
	Chore-Housekeeping	78,449	9.25	81,046	9.17	81,046	9.17
	Friendly Visiting	9,830	3.48	8,658	3.86	8,658	3.86
	Home Delivered Meals	187,231	4.30	176,860	4.98	176,860	4.92
	Home Health	1,375	16.31	1,400	16.25	1,400	16.25
	Homemaker	6,236	10.78	5,161	12.17	5,161	12.17
	Residential Repair	0		0		0	
	Telephone Reassurance	32,081	0.85	35,197	0.75	35,197	0.75
2.4	Community Services	434,255	6.09	434,781	6.30	434,781	6.30
	Congregate Meals	401,955	4.87	405,200	5.42	405,200	5.42
	Counseling	0		0		0	
	Education	0		0		0	
	Employment Assistance	0		0		0	
	Health Screening	0		0		0	
	Housing Assistance	1,848	14.71	1,808	15.50	1,808	15.50
	Legal Assistance	10,561	23.05	11,358	21.49	11,358	21.49
	Multi. Senior Centers	15,298	23.16	16,415	16.52	16,415	16.52
	Nutrition Education	4,593	13.16	0		0	
	Recreation	0		0		0	
2.5	Volunteer Programs	76,200	0.23	143,897	0.13	143,897	0.13
	RSVP	48,534	0.16	45,761	0.18	45,761	0.18
	Foster Grandparent	27,666	0.35	98,136	0.10	98,136	0.10
2.6	Advocacy	11,861	11.24	13,907	12.88	25,796	16.65
	Ombudsman	9,103	9.38	9,585	10.99	9,585	10.99
	Protective Services	2,758	17.38	4,322	17.05	16,211	20.00
2.7	Other	252	15.60	0		0	
III.	Economic Opportunity	248	1,067.71	393	746.42	393	746.42
	Manpower Services	99	2,581.39	99	2,763.28	99	2,763.28
	Senior Employment	149	61.98	294	67.28	294	67.28

APPENDICES

APPENDIX A

Map of

Planning and Service Areas

Directory of Planning and Service Areas in Illinois

1. Northwestern Illinois Area Agency on Aging
   Janet B. Ellis, Executive Director
   4223 East State Street, Eastmoor Building
   Rockford, Illinois 61108
   815/226-4901

2. Region Two Area Agency on Aging
   Charles D. Johnson, Executive Director
   Street Address:
   Kankakee Community College
   River Road, West Campus — Building 5
   Mailing Address:
   P.O. Box 809
   Kankakee, Illinois 60901
   815/939-0727
   Field Office:
   Building No. 6, Unit 39
   245 West Roosevelt Road
   West Chicago, Illinois 60185
   312/293-5990
   800-528-2000

3. Western Illinois Area Agency on Aging, Inc.
   Sid Granet, Director
   729 34th Avenue
   Rock Island, Illinois 61201
   309/793-6800, 800/322-1051

4. Central Illinois Agency on Aging, Inc.
   Barbara A. Miller, Executive Director
   700 Hamilton Boulevard
   Peoria, Illinois 61603
   309/674-2071

5. East Central Illinois Area Agency on Aging, Inc.
   Mrs. Phyllis H. Pinkerton, Director
   1003 Maple Hill Road
   Route 12, Box 46
   Bloomington, Illinois 61701
   309/829-2065
   Information and Referral No. 800/322-0484

6. West Central Illinois Area Agency on Aging
   Lynn Niewohner, Director
   Street Address:
   1125 Hampshire Street
   Quincy, Illinois 62301
   Mailing Address:
   P.O. Box 428
   Quincy, Illinois 62306
   217/223-7904
   Information and Referral No. 217/224-3535

7. Project LIFE Area Agency on Aging, Inc.
   Dorothy S. Kimball, Executive Director
   2815 West Washington, Suite 220
   Springfield, Illinois 62702
   217/787-9234
   Information and Referral Number:
   800/252-2918

8. Southwestern Illinois Area Agency on Aging
   Dr. William R. Keel, Executive Director
   Fairview Executive Plaza, Suite 225
   333 Salem Place
   Fairview Heights, Illinois 62208
   618/632-1323
   Information and Referral Number:
   800-642-3859

9. Midland Area Agency on Aging
   Deborah Kuiken, Director
   P. O. Box 1420
   Centralia, Illinois 62801
   618/532-1853
   Information and Referral Number:
   618/548-5400

10. Southeastern Illinois Area Agency on Aging, Inc.
    Harold Morris, Acting Director
    302 Market Street
    Mt. Carmel, Illinois 62863
    618/262-8001 Information and Referral Number:
    800/642-8621

11. Egyptian Area Agency on Aging, Inc.
    George Everingham, Director
    108 South Division Street
    Carterville, Illinois 62918 Information and Referral Number
    618/985-8311 800/642-3781

12. Chicago Department on Aging and Disability
    Robert Ahrens, Commissioner
    510 North Peshtigo Court
    Chicago, Illinois 60611
    312/744-4016 (VOICE)
    312/744-6777 (TDD)

13. Suburban Cook County Area Agency on Aging
    Jonathan Lavin, Executive Director
    600 West Jackson, Suite 700
    Chicago, Illinois 60606
    312/559-0616

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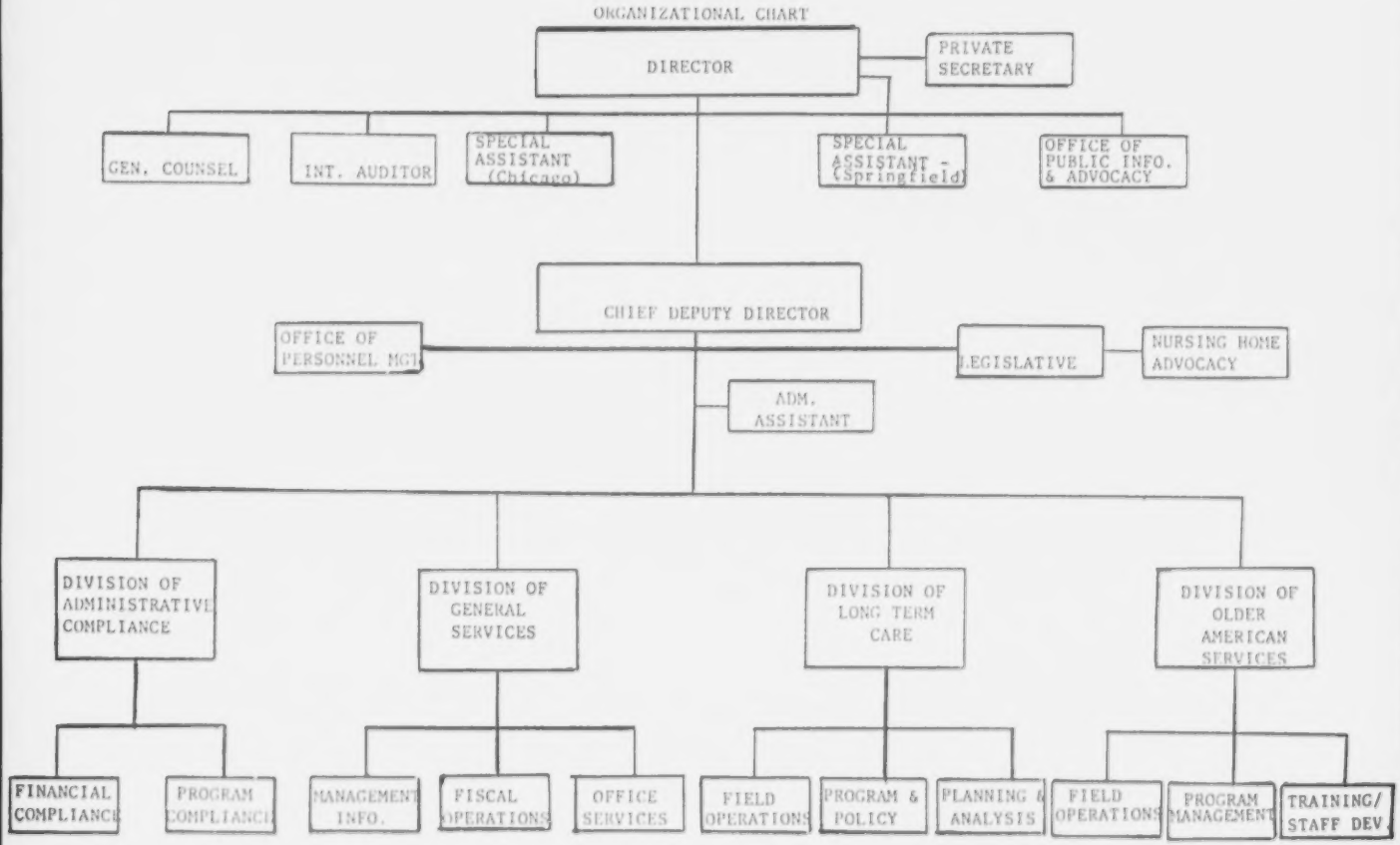
APPENDIX B

Department on Aging

Organizational Chart

Illinois Department on Aging



March, 1987

APPENDIX C

Case Coordination Units

AREA 01

Northwestern Illinois Area Agency on Aging
4223 East State Street, Eastmoor Building
Rockford, Illinois 61108
Janet B. Ellis, Executive Director
(815) 226-4901

Case Coordination Unit	Counties Served
The Allen Home Health Agency, Inc. 512 North Somonauk Road DeKalb, Illinois 60115 (815) 756-3591	DeKalb
City of Galena (Coatsworth Senior Center) 124 South Main Street Galena, Illinois 61036 (815) 777-0154	Jo Daviess
Lutheran Social Services of Illinois 1112 East Fourth Street Sterling, ILlinois 61081 (815) 626-7333	Lee, Ogle, Whiteside & Carroll
Stephenson County Senior Center 121 North Harlem, Suite 100 Freeport, Illinois 61032 (815) 235-9777	Stephenson
Visiting Nurse Association of Rockford 2905 Bildahl Street Rockford, Illinois 61109 (815) 229-1100	Winnebago & Boone

AREA 02

Region Two Area Agency on Aging
Kankakee Community College, P.O. Box 809
River Road, West Campus Building #5
Kankakee, Illinois 60901
Charles D. Johnson, Executive Director
(815) 939-0727

Case Coordination Unit	Counties Served
Catholic Charities of the Diocese of Joliet, Inc. 657 East Court Street, Suite 200 Kankakee, Illinois 60901 (815) 932-1921	Kankakee
The Catholic Charities of the Archdiocese of Chicago 1 North Genese, Suite 203 Waukegan, Illinois 60085 (312) 249-3500	Lake
DuPage County Department of Human Resources 421 North County Farm Road Wheaton, Illinois 60187 (312) 682-7542	DuPage
Senior Services Association, Inc. 101 South Grove Avenue Elgin, ILlinois 60120 (312) 741-0404	Kane & Kendall
Grundy County Health Department 111 East Illinois Avenue Morris, Illinois 60450 (815) 942-9024	Grundy
McHenry County Senior Citizens Council 1-C, Suite 1-M, Crystal Lake Plaza Post Office Box 357 Crystal Lake, Illinois 60014 (815) 455-2157	McHenry
Senior Services Center of Will County 310 North Joliet Street Joliet, Illinois 60431 (815) 723-9713	Will

AREA 03

Western Illinois Area Agency on Aging
729 - 34th Avenue
Rock Island, Illinois 61201
Sid Granet, Director
(309) 793-6800 or 1-800-332-1051

Case Coordination Unit	Counties Served
Alternatives for the Older Adult, Inc. 1518 Fifth Avenue, Suite 401 Moline, Illinois 61265 (309) 797-7014	Bureau, Henderson, Knox, LaSalle, McDonough, Putnam, Rock Island, Warren, Henry & Mercer

AREA 04

Central Illinois Area Agency on Aging
700 Hamilton Boulevard
Peoria, Illinois 61603
Barbara M. Miller, Executive Director
(309) 674-2071

Case Coordination Unit	Counties Served
Fulton County Health Department 700 East Oak Street Canton, Illinois 61520 (309) 647-1383	Fulton
Optimist Club of Henry, Illinois 305 Edward Henry, Illinois 61537 (309) 364-2287	Marshall & Stark
Peoria City/County Health Department 2116 North Sheridan Road Peoria, Illinois 61604 (309) 685-6181	City of Peoria
Rural Peoria County Council on Aging, Inc. 414 Main Street Bellevue, Illinois 61604 (309) 697-3305	Rural Peoria County
Tazewell County Health Department Rural Route #1, Box 15 Tremont, Illinois 61568-0015 (309) 925-5511	Tazewell
Mennonite Board of Missions & Charities d/b/a Maple Lawn Homes Woodford county Information & Referral 700 North Main Street Eureka, Illinois 61530 (309) 467-6101 (309) 467-2337 (8) (9)	Woodford

AREA 05

East Central Illinois Area Agency on Aging
Rural Route 12, Box 46
1003 Maple Hill Road
Bloomington, Illinois 61701
Phyllis H. Pinkerton, Executive Director
(309) 829-2065 WATTS No. 800-322-0484

Case Coordination Unit	Counties Served
Cumberland County Mental Health Association Post Office Box 385 Toledo, Illinois 62468 (217) 849-3803	Cumberland, Moultrie, Coles, Edgar & Clark
Ford Iroquois Public Health Department 123 North Eighth Street, P.O. Box 427 Watseka, Illinois 60970 (815) 432-2483	Iroquois & Ford
Visiting Nurse Association of Macon County 1501 North Water Street Decatur, Illinois 62526 (217) 429-2538	Macon
Livingston County Public Health Dept. Rural Route 4 Pontiac, Illinois 61764 (815) 844-7171	Livingston
McLean County Health Department 905 North Main Street Normal, Illinois 61761 (309) 454-1161	McLean U128705913
Shelby County Mental Health & Rehabilitation Center Rural Route #2, Box 53 Shelbyville, Illinois 62565 (217) 774-2113	Shelby
Mercy Hospital Case Management Unit 1400 West Park Urbana, Illinois 61801 (217) 337-4597 or 337-2115	Champaign, Douglas, DeWitt & Piatt
Vermilion County Health Department Rural Route 1, Box 12B, Tilton Road Danville, Illinois 61832 (217) 431-2662	Vermilion

AREA 06

West Central Illinois Area Agency on Aging
Post Office Box 428
1125 Hampshire Street
Quincy, Illinois 62306
Lynn Niewohner, Director
(217) 223-7904

Case Coordination Unit	Counties Served
Adams County Health Department 333 North Sixth Street Quincy, Illinois 62301 (217) 222-1189	Adams, Brown, Hancock, Pike, Schuyler & Calhoun

AREA 07

Project LIFE Area Agency on Aging
2815 West Washington, Suite 310
Springfield, Illinois 62701
Dorothy S. Kimball, Executive Director
(217) 787-9234

Case Coordination Unit	Counties Served
Tri-County Counseling Center 200 North Sixth Street Carrollton, Illinois 62016 (217) 942-6971	Greene, Jersey
Cass County Health Department 109 West Beardstown Street Virginia, Illinois 62691 (217) 452-3057	Cass
Christian County Department of Public Health Christian County Court House Taylorville, Illinois 62568 (217) 824-4113	Christian
Mental Health Centers of Central Illinois 25 Georg Road Petersburg, Illinois 62675 (217) 525-1604 - Springfield Office	Logan, Mason & Menard
Macoupin County Mental Health Assn. 100 North Side Square Carlinville, Illinois 62626 (217) 854-9667	Macoupin
Montgomery County Health Department 200 South Main Street Hillsboro, Illinois 62049 (217) 532-9571	Montgomery
Prairie Council on Aging Municipal Building, 200 West Douglas Jacksonville, Illinois 62650 (217) 243-3391, ex. 289	Scott & Morgan
Senior Citizens Center of Sangamon County 701 West Mason Street Springfield, Illinois (217) 789-1269	Sangamon

AREA 08

Southwestern Illinois Area Agency on Aging
333 Salem Place
Fairview Heights, Illinois 62208
William R. Keel, Executive Director
(618) 632-1323

Case Coordination Unit	Counties Served
Family Service & Visiting Nurse Association of the Alton-Wood River Region, Inc. 211 East Broadway Alton, Illinois 62002 (618) 463-5946	Madison (North), Clinton & Bond
Visiting Nurse Association of St. Clair & Washington Counties 10041 Bunkum Road Fairview Heights, Illinois 62208 (618) 398-2800 or (800) 642-5429	Randolph, Madison (South), Washington, St. Clair &

AREA 09

Midland Area Agency on Aging
Post Office Box 1420
Centralia, Illinois 62801
Deborah Kuiken, Executive Director
(618) 532-1853

Case Coordination Unit	Counties Served
Effingham County Health Department 901 West Virginia Post Office Box 685 Effingham, Illinois 62401 (217) 342-9237	Effingham
Effingham City-County Committee on Aging 209 South Merchant Post Office Box 631 Effingham, Illinois 62401 (217) 347-5569	Fayette
Jefferson County Comprehensive Services, Inc. Post Office Box 428 Mt. Vernon, Illinois 62864 (618) 242-3505	Jefferson
Clay Rural Health Systems, Inc. 201 East North Avenue Post Office Box 579 Flora, Illinois 62839	Clay & Marion

AREA 10

Southeastern Illinois Area Agency on Aging
302 Market Street
Mt. Carmel, Illinois 62863
Harold Morris, Director
(618) 262-8001

Case Coordination Unit	Counties Served
Southeastern Illinois Mental Health Center, Inc. Rural Route 1, 4 Micha Drive Olney, Illinois 62450 (618) 395-4306	Jasper, Crawford, Richland, Lawrence, Wayne, Edwards, Hamilton, White & Wabash

AREA 11

Egyptian Area Agency on Aging, Inc.
108 South Division Street
Carterville, Illinois 62918
George L. Everingham, Executive Director
(618) 985-8311

Case Coordination Unit	Counties Served
Shawnee Health Service & Development Corporation 111 Bush Avenue Post Office Box 478 Hurst, Illinois 62949 (618) 987-2319	Jackson, Perry, Franklin, Williamson, Saline, Gallatin, Pope, Hardin, Johnson-Union, Alexander, Pulaski & Massac

AREA 12

Department on Aging & Disability
510 North Peshtigo Court, Floor 3A
Chicago, Illinois 60611
Robert Ahrens, Director
Annette Abajian, Supervisor, Community Care/Case Management Unit
(312) 744-5770 & 744-5771

Case Coordination Unit	Counties Served
The Catholic Charities of the Archdiocese of Chicago Post Office Box 11054 5801 North Pulaski Chicago, Illinois 60611-0054	Northeast Multipurpose Service Center 5801 North Pulaski Road Building C Chicago, Illinois 60646 (312) 583-9224 Northwest Multipurpose Service Center 5801- C N. Pulaski Road Chicago, Illinois 60646 (312) 583-9224
Lutheran Social Services of Illinois 880 Lee Street DesPlaines, Illinois 60016-6470 (312) 635-4600	Southeast Multipurpose Service Center 6140 South Drexel Chicago, Illinois 60637 (312) 955-1100 Southwest Multipurpose Service Center 3157 South Wolcott Avenue Chicago, Illinois 60608 (312) 247-1290
United Charities of Chicago	Central/West Multipurpose Service Center 3157 South Wolcott Avenue Chicago, Illinois 60608 (312) 247-1290

AREA 13

Suburban Cook County Area Agency on Aging
600 West Jackson, Suite 700
Chicago, Illinois 60606
(312) 559-0616

Case Coordination Unit	Counties Served
Berwyn-Cicero Council on Aging 5817 West Cermak Road Cicero, Illinois 60650 (312) 863-3552	Berwyn-Cicero
The Catholic Charities of the Archdiocese of Chicago (South Suburban Senior Services of Catholic Charities) 15300 South Lexington Avenue Harvey, Illinois 60426 (312) 596-3001	Bloom, Rich, Thornton, Calumet & Bremen
Family Counseling Service of Evanston & Skokie Valley 1114 Church Street Evanston, Illinois 60201 (312) 328-2404	Evanston & Niles
Family Service Association of Oak Park & River Forest 1024 North Boulevard Oak Park, Illinois 60301 (312) 383-7500	Oak Park & River Forest
North Shore Senior Center 620 Lincoln Avenue Winnetka, Illinois 60093 (312) 446-8750	Northfield, New Trier & Maine
PLOWS Council on Aging 9526 South Cook Avenue Oak Lawn, Illinois 60453 (312) 422-6722	Palos, LeMont, Orland & Worth
Proviso Council on Aging 439 Bohland Avenue Bellwood, Illinois 60104 (312) 547-5600	Proviso, Leyden, & Norwood Park

Area 13 (Continued):

Northwest Community Services, Inc. 306 West Park Street Arlington Heights, Illinois 60005 (312) 253-5500	Wheeling, Barrington, Palatine & Hanover
Elk Grove-Schaumburg Townships Mental Health Center 1155 Tower Road Schaumburg, Illinois 60195 (312) 885-1631	Elk Grove & Schaumburg
Southwest Suburban Center on Aging 111 West Harris Avenue LaGrange, Illinois 60525 (312) 354-1323	Lyons & Riverside
Stickney Public Health District 5635 State Road Burbank, Illinois 60459 (312) 424-9200	Stickney

APPENDIX D

Service Definitions

Title III

SERVICE TITLE: Adult Day Care Service

Definition: Direct care and supervision of adult aged sixty (60) and over outside the individual's home for any portion of a 24-hour day, in order to provide personal attention, promote social, physical, and emotional well-being, and offer alternatives to institutional care.

Service activities include:

- development of a participant care plan appropriate to any recommendations by the individual's personal physician
- assistance with, or arrangement for personal care and hygiene, including self-care training
- leisure-time activities and recreation
- preparing and administering medications, changing dressings, ongoing physical assessments, and retroactive exercises and treatment, may be included as an integral, but subordinate, part of the service
- a daily congregate meal and snacks
- transportation to and from the day care center
- maintenance of an individual participant's record
- provision of information on, and referral to, other service resources

Unit of Service: The provision of one day (no fewer than eight (8) hours) of service to an eligible individual constitutes one unit of adult day care services.

SERVICE TITLE: Advocacy

Definition: To represent and/or support an individual or group in an effort to obtain services to which older persons are entitled. Advocacy consists of activities designed to induce a change in attitude and stereotypes, legislation and agency policies and their implementation pertaining to services for older persons.

Service activities may include:

- representing the interests of older individual(s) to public officials, public/private agencies and organizations
- client intervention to investigate problems and resolve conflicts
- developing the older person's capacity to advocate on his/her own behalf
- review and comment on public plans, policies, levies, and community actions affecting older persons
- conducting public hearings on the older persons needs and disseminate information on issues affecting them
- coordination of planning activities with other organizations to facilitate new or expanded benefits and opportunities for older persons
- dissemination of pertinent information on public policy and other issues and needs to older persons and their representatives. This information may relate to special and/or ongoing issues/needs impacting older persons.

Unit of Service: One hour of staff time spent in behalf of a client or client group constitutes one unit of service.

SERVICE TITLE: Case Management

Definition: The provision of a comprehensive standardized needs assessment and service coordination to assist an older person gain access to and receive needed services. Efforts will be made to mobilize and coordinate formal and informal sources of support on behalf of the elder person.

Service activities may include:

- assessment of applicant's/client's eligibility for individual service programs
- initial in-home assessment of need
- develop and negotiate an appropriate array of services based on the applicant's/client's needs. (This includes active intervention and advocacy on behalf of the client to access necessary services from community organizations.)
- preparation of a written goal oriented plan of care for the client utilizing all available formal and informal resources. As a part of this plan of care, instructions for service delivery are submitted to the appropriate service providers.
- Establishment of linkages with service providers for the purpose of case finding activities, delivery of services and conducting follow-up to ensure prompt service implementation and respond to changes in client's need and status
- encouragement of informal care giving by individuals, family, friends, neighbors and community organizations so that publicly supported services supplement rather than supplant the roles and responsibilities of these natural support systems
- conduct periodic monitoring of service delivery as outlined in the plan of care
- reassessment of the client's eligibility and need at least annually and when a client's need and/or status changes

Unit of Service: One hour of staff time expended in behalf of a client constitutes one unit of service.

SERVICE TITLE: Congregate Meals

Definition: Provision of nutritious meals in a congregate meal site to promote better health and reduce isolation. Each meal served must contain at least one-third of the current recommended dietary allowance as established by the Food and Nutrition Board of the National Academy of Sciences.

Service activities may include:

- preparation of meals either at the congregate site, central kitchen or caterer
- the serving of meals at the congregate site
- meal delivery if congregate meals are prepared by a central kitchen or caterer

Unit of Service: Each meal provided to an eligible person in a congregate setting constitutes one unit of service.

SERVICE TITLE: Coordination

Definition: Activities conducted toward the development of a comprehensive and integrated service delivery system through the establishment of working relationships with other funding agencies and service providers.

Service activities may include:

- establishing written working agreements with other planning agencies and service providers
- sharing information about services which are available
- participating with local, State and Federal agencies in coordinating emergency disaster assistance to older persons
- assisting service providers to develop and follow service standards to permit greater uniformity and facilitate cooperation with this endeavor

Unit of Service: One hour of staff time spent in the performance of coordination activities constitutes one unit of service.

SERVICE TITLE: Counseling

Definition: Counseling service shall include personal counsel to help individuals and families cope with personal problems and/or develop and strengthen capacities for more adequate social and personal adjustments.

Service activities may include:

- personal counseling
- formal and informal group experiences

Unit of Service: One hour of staff time expended in behalf of a client constitutes one unit of service.

SERVICE TITLE: Crime Prevention and Victim Assistance

Definition: The provision of assistance to older persons who are crime victims and provision of necessary programs to protect them from being victims of crime in the future.

Service activities may include:

- advocacy in behalf of individual crime victims
- counseling
- education and training

Unit of Service: One hour of staff time spent in behalf of a client constitutes one unit of service.

SERVICE TITLE: Education

Definition: Services which provide individuals with opportunities to acquire knowledge and skills suited to their interests and capabilities through formally structured, group oriented lectures or classes. Subject areas for adult education may include nutrition, health, mental health, personal care, consumerism, crime prevention, legal rights/entitlements, home maintenance and repair, retirement orientation and life enrichment, etc.

Service activities may include:

- arrangement for and provision of academic courses, classes, seminars, lectures and other presentations
- developing teaching aids and/or informational materials
- arranging for group tours of nutrition-related and other organizations as deemed appropriate
- nutrition education: facts are made available about the kinds and amounts of food required to maintain good health and nutrition, foster good eating habits, and to develop better food purchasing practices, preparation, and selection

Unit of Service: Each hour of staff or consultant time in the performance of lectures and/or classes constitutes one unit of service.

SERVICE TITLE: Employment Assistance

Definition: Assistance in solving specific employment problems of older persons to enable them to obtain, retain or improve employment. The service excludes financial support to establish programs whose primary purpose is paid employment with Title III funds.

Service activities may include:

- provision of information on employment opportunities
- preparatory employment guidance
- referral to prospective employers
- making contacts to increase job lists or develop job opportunities

Unit of Service: One hour of staff time expended in behalf of a client constitutes one unit of service.

SERVICE TITLE: Escort

Definition: Provision of personal physical assistance to individuals who are dependent on such assistance to reach and use community resources in order to ensure their access to local services and to allow them to maintain independent living.

Service activities may include:

. activities are those supporting the direct provision of transportation service to a client unable to use that transportation service without such assistance and are related to the provision of a one-way trip to or from community resources

Unit of Service: One hour of staff time expended providing (face-to-face) service to an individual constitutes a unit of service.

SERVICE TITLE: Friendly Visiting

Definition: Regular visits by staff or volunteers to socially and/or geographically isolated individuals for purposes of providing companionship and social contact with the community. The program is for the older person who is unable to leave his/her own residence often, if at all, and who has few to no friends, family, or neighbors that can visit them.

Service activities may include:

- visits to individual's residences
- arranging for maintaining the service
- provision of training to ensure competent, ethical and qualified staff and volunteers

Unit of Service: One hour of staff time expended in behalf of a client constitutes one unit of service.

SERVICE TITLE: Health Screening and Evaluation

Definition: Services provided to assist individuals to secure and maintain a favorable condition of health by helping them identify and understand their physical and mental health needs and to secure and utilize necessary medical treatment. The focus of this service is on identifying and evaluating the health needs of older persons and linking them to the health care system, not on diagnosis, monitoring and treatment.

Service activities may include:

- physical screening and evaluation of medical needs
- referral, follow-up and arrangement for necessary care from health facilities (e.g., private physicians, hospitals, clinics, health departments, home health agencies, etc.)
- individual health consultation and education
- health screening and evaluation activities may include: blood pressure, vision, hearing, podiatry, dental, vaccinations, and other health care activities

Unit of Service: One hour of staff time expended in behalf of a client constitutes one unit of service.

SERVICE TITLE: Home Delivered Meals

Definition: Provision of nutritious meals to older persons who are home-bound because of illness, physical or mental impairment or if otherwise isolated. Each meal delivered must contain at least one-third of the current recommended dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences.

Service activities may include:

- preparation (outside of the older person's home) and delivery of meals
- arranging for and maintaining the service

Unit of Service: Each meal delivered to an eligible person constitutes one unit of service.

SERVICE TITLE: Home Health

Definition: Services provided to an individual, who is at risk of institutionalization, at his/her residence according to a plan of treatment for illness or infirmity prescribed by a physician inclusive of part time and intermittent nursing services and other therapeutic services such as physical therapy, occupational therapy, speech therapy, medical social services or services provided by a home health aide.

Service activities may include:

- medication supervision, assistance with medication and teaching of self-administration of medication with follow-up
- observation and recording of vital signs
- catheter maintenance
- non-sterile dressing change(s)
- medical equipment use
- tube feeding
- colostomy care
- continued emphasis on teaching therapeutic diet management and maintenance (anyone on special diet i.e., diabetic, gall bladder, ulcer, high residue, etc.)
- continued emphasis on teaching medical equipment use and maintenance (i.e., to teach proper use and transfers relating to wheelchair, walker, crutches and other assistive devices)
- performance of simple procedures as an extension of therapeutic services, ambulation and exercise
- reporting of changes in client's conditions and needs to supervisor
- completion of appropriate records for each home visit

NOTE: While the services listed are generally provided by Home Health Aides, additional specialized services may be provided by a Registered Nurse, Licensed Practical Nurse or Therapist.

Unit of Service: One hour of staff time expended in behalf of a client constitutes one unit of service.

SERVICE TITLE: Housing Assistance

Definition: Technical help to relocate or obtain more suitable housing. The service excludes direct financial assistance to individuals for the purpose of obtaining housing.

Service activities may include:

- assistance in locating suitable and adequate housing which the individual can afford
- relocation assistance

Unit of Service: One hour of staff time expended in behalf of a client constitutes one unit of service.

SERVICE TITLE: Individual Needs Assessment (Title III B and C services)

Definition: This social service provides for direct face-to-face contact with a potential or existing recipient of supportive and/or nutrition services to examine medical, social and psychological factors relating to the need for service. This determination will include analyzing, evaluating and verifying (when necessary) current, full and complete information obtained at this personal assessment, in addition to any information from collateral sources as necessary. The personal assessment will be accomplished through the use of a standardized assessment tool (approved by the Area Agency on Aging) to obtain medical, social factors, including availability of informal support.

Service activities may include:

- home delivered meals assessment
- assessment of the individual's need
- verification of pertinent information
- completion of necessary reporting and authorization of assistance
- referral to sources of assistance

Unit of Service: One hour of staff time expended in behalf of a client constitutes one unit of service.

SERVICE TITLE: Information and Referral

Definition: Information and referral service is the direct provision of information on behalf of an older person about available private, public and voluntary services resources which meet the individual's expressed need and the linkage and follow-up with appropriate community resources or service providers to ensure service(s) is delivered.

Service activities may include:

- direct provision of concrete information about appropriate community resources which meet the immediate expressed need
- provision of assistance to individuals to identify their needs and to place them in contact with appropriate community resources or service providers
- follow-up activities conducted with individuals and/or agency(s) to determine whether services have been received and the identified need met following the formal referral

Unit of Service: Each individual request for Information and Referral and all subsequent follow-up on behalf of this request constitutes one unit of service.

SERVICE TITLE: Legal Services

Definition: Legal services shall include arranging for and providing assistance in resolving civil legal matters and the protection of legal rights, including legal advice, research and education concerning legal rights and representation by an attorney at law and/or trained paralegal professionals to older persons.

Service activities may include:

- provision of legal advice and information
- legal research on behalf of constituent(s)
- education concerning legal rights
- representation by an attorney at law and/or trained paralegal
- provision of client advocacy to secure needed and entitled benefits

Unit of Service:

Representation by an Attorney and/or Paralegal: One hour of time spent by one person working on a case constitutes one unit of service.

Legal Information and Community Education: One hour of staff time expended in behalf of a client constitutes one unit of service.

SERVICE TITLE: Multipurpose Senior Centers

Definition: Funds may be awarded to a public or private non-profit organization for the purpose of acquiring, renovating, altering, equipping or staffing a facility which meets Federal, State and local regulations and/or ordinances and is used, as a multipurpose senior center.

Service activities may include:

- Facility Development

  activities are completed in conjunction with the acquisition and/or renovation of a facility (i.e., construction and related activities, initial furnishings, equipment and renovation to insure physical accessibility of handicapped persons)

- professional or technical staffing of multipurpose senior centers for operation purposes

Unit of Service

Facility Development: There is no unit of service definition for the development of a facility outside of reporting each facility receiving funding on a quarterly basis.

Staffing: One hour of professional or technical staff time spent to operate a multipurpose senior center constitutes one unit of service.

SERVICE TITLE: Ombudsman

Definition: Assistance provided by trained individuals to, or in behalf of the elderly in long term care facilities to resolve their problems, secure and educate them about existing rights, benefits and entitlements, and effect favorable changes in the law to develop additional rights, benefits and entitlements.

Service activities may include:

- investigating and resolving complaints made by or for older persons in long term care facilities
- monitoring development and implementation of Federal, State and local laws, regulations and policies with respect to long term care facilities
- providing information to public agencies about the problems of older persons in long term care facilities
- training volunteers and assisting in the development of citizen organizations to participate as nursing home visitors in the Ombudsman program
- the nursing home visitors and local ombudsman serve as liaison for community programs and report significant findings and data collected regarding long term care facilities
- education about individual rights, benefits and entitlements

Unit of Service: One hour of staff time expended in behalf of a long term care facility resident constitutes one unit of service.

SERVICE TITLE: Outreach (Title III-B and III-C)

Definition: Outreach is defined as "home visits" by staff to older persons who do not know about services or cannot/will not utilize needed services.

Service activities include:

- search and find activities (i.e., canvas door to door and personal contact with older persons whose names have been solicited from community resources) which seek out and identify hard to reach individuals
- informing persons of benefits and services which are available
- encouraging older persons to participate
- assisting older persons in gaining access to needed services

NOTE: Outreach does not include program publicity (e.g., preparation of newsletters and press releases, general presentations to community groups) and the development of interagency referral agreements

Unit of Service: A unit of service is one hour of staff time expended in behalf of a client.

SERVICE TITLE: Program Development

Definition: Activities directly related to either the establishment of a new service(s); or the improvement, expansion, or integration of an existing service(s) within a specific fiscal year.

Service activities may include:

- conducting need assessment on the kinds and levels of services needed by older persons
- evaluating the effectiveness and efficiency of existing resources in meeting the needs of older persons
- identifying and meeting with key community leaders and organizations
- providing community leaders, organizations and advocates with information and current/future needs of older persons
- providing technical assistance to new and existing organizations in the process of development which may include:
  - technical assistance in conducting public hearings
  - technical assistance to community groups in establishing a formal organization
  - technical assistance in establishing policies/procedures, bookkeeping/record keeping systems, job descriptions, etc.
  - technical assistance with effective integration of new services into existing delivery systems

Unit of Service: One hour of staff time spent in the performance of program development activities constitutes one unit of service.

SERVICE TITLE: Recreation

Definition: Activities which foster the health and social well being of individuals through social interaction and constructive use of time. In determining and developing recreational activities older persons needs and interests should be considered.

Service activities may include:

- recreational activities for individuals and groups may include instructions and discussions in arts, crafts, hobbies, travel, games, sports, physical activities and other activities

- group tours and outings

Unit of Service: Each hour of staff or consultant time spent in behalf of a client constitutes one unit of recreation service.

SERVICE TITLE: Residential Repair and Renovation

Definition: Assistance to older persons to maintain their homes in conformity with minimum standards or to adapt homes to meet the needs of older persons with physical problems. All repairs or renovation must meet local established standards and ordinances.

Service activities may include:

- arrangement for repairs or renovation
- follow-up provided to ensure that an older person receives satisfactory service

Unit of Service: Each home repaired or renovated constitutes one unit of service.

SERVICE TITLE: Telephone Reassurance

Definition: Telephone calls at specified times to or from individuals who live alone, to determine if they require special assistance, to provide psychological reassurance and reduce isolation.

Service activities may include:

- procedures for supervising calls and for the caller to report a client's need for services
- establishment of an emergency plan for client(s) if telephone call is unanswered
- activities planned for each telephone call relative to the individual's needs
- telephone calls to each client at specified times

Unit of Service: Each telephone reassurance call placed or received by a client constitutes one unit of service.

SERVICE TITLE: Transportation

Definition: Transporting older persons to and from community facilities and resources for purposes of acquiring/receiving services, to participate in activities or attend events in order to reduce isolation and promote successful independent living. Service may be provided through projects specially designed for older persons or through the utilization of public transportation systems or other modes of transportation.

Service activities may include:

- assistance in making travel arrangements
- provision of or arrangements for special modes of transportation when needed
- coordination with similar and related transportation in the community
- door-to-door or scheduled route convenient and available

NOTE: Escort service is not included under transportation and those participants receiving escort should not be counted under this service.

Unit of Service: Each one-way trip to or from community locations per client constitutes one unit of service.

A medical consultant shall:

1. Be a medical doctor (M.D.) licensed to practice medicine by the State of Illinois;

2. Be available full or part-time (staff or contractual) to provide direct medical care or consultation services, as needed.

A rehabilitation consultant shall:

1. Have a bachelor's degree from an accredited program;

2. Be licensed, registered or certified in accordance with requirements of the State of Illinois;

3. Be available full or part-time (staff or contractual) to provide service directly or on a consultation basis.

A Dietitian shall:

1. Have a bachelor's degree and be a registered member of the American Dietetic Association;

2. Be available full or part-time (staff or contractual) to provide service in the planning and preparation of menus having special dietary considerations.

The following requirements shall apply to substitutes for staff positions and to volunteers utilized by an adult day care vendor:

. the adult day care vendor shall have on file information documenting the same personal, health, administrative and professional qualifications for substitutes as are required of staff for whom they act as substitutes;

. persons agreeing to be available as substitutes or for use in emergencies shall sign a written statement kept on file at the adult day care center, certifying to their availability and agreement to serve in the particular capacity (file must be current):

. volunteers shall complete an application indicating their reason for participation in the program, special skills, and a self-declaration of good health based on a physical examination within the last two (2) years;

. volunteers may serve in any capacity for which they are qualified;

. substitutes and volunteers shall be supervised by the staff person supervising the function to which the volunteer or substitute is assigned.

APPENDIX E

Community Care Program

Service Definitions

and

Standards

The following are Community Care Program Service Definitions and Standards codified as Administrative Rules.

HOMEMAKER SERVICE

Homemaker service is defined as general support by supervised homemakers who have received training in the provision of homemaker services to maintain, strengthen and safeguard the functioning of individuals and families in their own homes when no responsible and capable person (an adult individual who is not disoriented or confused) is available for this purpose.

Service Components

Specific components of homemaker service may include, but are not limited to the following:

1. Teaching of meal planning and preparation, housekeeping skills, money management and budgeting, shopping skills and home maintenance;

2. Assistance with self-administered medication (i.e., remind the client to take his/her medications, read instructions for utilization or uncap medication containers). These activities should be done as necessary or if they are not being met by another source;

3. Assistance with following a written special diet plan (such as diabetic, low sodium, gall bladder, ulcer, or high residue diets) and reinforcement of diet maintenance (can only be provided under the direction of a physician and supervised by a registered nurse);

4. Supervise and assist with and/or perform activities of daily living in paragraphs (1), (2) and (3) above and items specified in paragraph (7) below;

5. Observing clients functioning and reporting to appropriate professional supervisor as required;

6. Non-medical personal care tasks (e.g., shaving; hair shampooing and combing; assistance with sponge bath; assistance with tub bath which is limited to preparing and monitoring only when the client is able to enter and exit the tub by him/herself; dressing; brushing and cleaning teeth and/or dentures.)

The service components below are considered appropriate only when provided in conjunction with service components 1 thru 6:

. Housekeeping tasks (e.g., cleaning, shopping, meal preparation and simple repairs).

. Transportation or escort to medical facilities, errands, shopping and miscellaneous family/individual business necessary to the client's welfare.

Unit

One unit of homemaker service is one hour of direct service provided to the client in the client's home, or while providing transportation/escort to medical facilities, running errands, or shopping in behalf of the client.

CHORE AND HOUSEKEEPING SERVICE

Chore and housekeeping service is defined as assistance with household tasks and/or personal care under the supervision of the client or other responsible person (an adult individual who is not disoriented or confused).

Service Components

Specific components of chore and housekeeping service may include, but are not limited to the following:

1. Under specific direction of the client, family member or guardian, assistance with medication, limited to uncapping medication, and providing drinking water and/or spoon with which to take medications.

2. Performing routine housekeeping tasks such as making and changing beds, dusting, washing dishes, vacuuming, keeping the kitchen and bathroom clean, and doing laundry; all tasks related to shopping including responsibility for appropriately handling money; simple repairs; meal preparation; and such seasonal maintenance tasks as defrosting the refrigerator, cleaning the oven, dusting walls and woodwork; and cleaning closets, cupboards and inside windows.

3. Accompanying the client to medical facilities, errands, shopping and family/individual business as specified in the care plan.

4. Under specific direction of the client, family member or guardian, or other responsible individual, assistance with non-medical personal care tasks (e.g., shaving; hair shampooing and combing; assistance with sponge bath; assistance with tub bath which is limited to preparing and monitoring only when the client is able to enter and exit the tub by him/herself; dressing; brushing and cleaning teeth and/or dentures and/or in preparation of supplies. Additional services are only possible when the chore worker meets the homemaker requirements (e.g., training and supervisor to worker ratio). The service components are considered appropriate only when provided in conjunction with one or more of service components 1 thru 3.

Unit

One unit of chore and housekeeping service is one hour of direct service provided to the client in the client's home, or while providing transportation/escort to medical facilities, running errands, or shopping in behalf of the client.

ADULT DAY CARE

Adult Day Care service is the direct care and supervision of adults aged 60 and over in a community-based setting for the purpose of providing personal attention; promoting social, physical and emotional well-being; and offering an alternative to premature institutional care.

Required Service Components

1. Provide or arrange for transportation (handicapped accessible) to enable clients to attend the adult day care center and participate in sponsored outings.

2. In consultation with the client, the client's physician, family member or guardian, or other responsible individual, and the multidisciplinary day care team, development of a specific client day care plan and goals appropriate to the client's individual functioning status and limitations. The individual plan must be consistent with the assessment of need and care plan developed by the Case Coordination Unit as required by Sections 240.423, 240.610, 240.950 and 240.960.

3. Nursing services including, but not limited to, evaluation of the client's needs, routine health monitoring and supervision and/or administration of medication(s).

4. Assistance as needed with activities of daily living (e.g., walking, eating, toileting and personal care).

5. A daily meal and supplementing snacks meeting one-third of the Adult Dietary Allowance as established in the Food and Nutrition Board of the National Academy of Science - National Research Council, 9th Edition, 1980 and special diets as directed by the client's physician.

6. An activity program including: reality orientation (activities designed to promote the client's awareness of time, space, objects and persons); resocialization and stimulation (activities to encourage and assist clients to interact with staff and other clients); and supportive counseling (active listening, attention to expressed client's needs and suggestions, and guidance to promote interactions with others).

7. Rest periods when needed or prescribed.

8. Maintenance of the client's individual case record in adult day care files as required by Sections 240.230, 240.950, 240.960 and 240.970.

Optional Service Components

1. Rehabilitative services, including physical therapy, occupational therapy, speech and hearing therapy. Personnel qualified to provide these services are adult day care staff who have been

trained to administer specific procedures by a licensed professional and who perform these procedures under direction of the licensed professional. These services are to be provided under written physician direction, instruction or order. Each treatment and monthly progress notes must be recorded.

2. Skilled nursing services, including catheter installation, irrigations and care, dressings, enemas, oxygen therapy, suction/posturing, ostomy care and restorative nursing such as bladder retraining. (All above procedures/interventions require physician orders.)

3. Shopping assistance.

4. Escort to medical and social services.

NOTE: Reimbursement for costs of option services is not included in the unit rate paid by the Department and will not be paid by the Department.

Unit

One unit of adult day care service is defined as a minimum of five (5) direct client contact hours, excluding transportation time, of service provided to an eligible client. The Community Care Program will not provide more than one (1) unit of adult day care service in a 24-hour period.

STANDARD REQUIREMENTS FOR ADULT DAY CARE VENDORS

An adult day care vendor shall carry public liability insurance in the single limit minimum amount of $100,000 per occurrence. (The policy or a current letter verifying insurance coverage shall be available at the adult day care site.) Each vendor shall include the following insurance coverages:

1. facility insurance;
2. insurance on program drivers;
3. workmen's compensation;
4. unemployment;
5. professional liability;
6. personal liability;
7. bonding;
8. general liability;
9. property and theft coverage;
10. vehicle insurance;
11. volunteer protection (especially coverage for volunteer driver/escort(s)).

An adult day care vendor shall have on file and utilize written procedures to:

1. Store and lock medications.
2. Label medications brought to the adult day care center.
3. Ensure that prescribed medication is administered by licensed professionals to those adult day care clients who are determined unable to self-administer medications. Judgment of a client's inability to self-administer medications will be documented by a physician's orders and/or the Case Coordination Unit care plan.
4. Record administration of all medications (prescription and non-prescription) in the client's case record.
5. Ensure that physician orders for medication are utilized and filed in the client's case record.

A facility which houses an Adult Day Care Program (including satellite sites) shall meet the following criteria:

1. A separate identifiable area must be designated for sole use by the adult day care program, and a schedule established and posted for usage of any common program areas shared with other programs.

2. There shall be a minimum of 40 square feet of activity area per client. (Multiple-use areas must be pro-rated on both time and client basis.) This space is exclusive of exit passages and fire escapes, administrative space, storage areas, bathrooms, kitchen, space required for equipment and gymnasiums or other areas when used exclusively for active sports.

3. All adult day care vendors shall comply with the applicable provisions of the following codes and standards as documented through required inspections by appropriate officials. Any incorporation by reference in the Section of these rules or regulations of any agency of the United States or of any standards of a nationally recognized organization or association includes no new amendments or editions made after the date specified.

   . State of Illinois Codes and Standards

	Code or Standards	Agency
i)	Ill. Plumbing Code (1983) (77 Ill. Adm. Code 899)	Department of Public Health, Environmental Health Protection
ii)	Accessibility Standards Illustrated (1983) (71 Ill. Adm. Code 400)	Capital Development Board
iii)	Fire Prevention and Safety (1983) (41 Ill. Adm. Code 100)	Office of State Fire Marshall
iv)	Food Service Sanitation (1983) (77 Ill. Adm. Code 750)	Department of Public Health, Environmental Health Protection
v)	Illinois Human Rights Act (Ill. Rev. Stat. 1983, ch. 68, par. 1-101 et. seq.)	Department of Human Rights

   . Other Codes and References

i)	National Fire Protection Association (NFPA 101 Life Safety Code, 1981 edition)	National Fire Protection Association
ii)	American Dietetic Association registration requirements contained in "Your Future as a Dietitian" (page 147, plan IV)(1975)	American Dietetic Association

. In addition to compliance with the standards set forth herein, all applicable local and state building, fire, health and safety codes, ordinances and regulations which are enforced by city, county or other local jurisdictions in which the facility is, or will be, located must be observed as documented through required inspections by appropriate officials. Adult Day Care vendors shall provide a copy of all applicable local health codes, ordinances, or regulations, for the locale in which the day care facility is or will be located, to the Department.

4. Each facility shall have posted an emergency plan for evacuation and shall conduct quarterly fire drills which shall simulate client removal from the building. Clients shall actually be removed from the building for at least one fire drill annually. Documentation of the dates of the fire drills must be on file at the facility.

5. The heating system must be adequate to maintain a temperature of a mimimum of 70 degrees Fahrenheit in summer months by utilizing air conditioning and/or circulating fans.

6. Each facility shall designate a dining area (equipped with a sufficient number of chairs and table space) to accommodate the daily number of clients.

7. Each facility shall have at least: one (1) handicapped-accessible bathroom facility for up to twelve (12) clients and a minimum of two (2) bathroom facilities (one handicapped accessible) to serve thirteen (13) or more clients.

8. Each facility shall have space for offices, equipment and storage of supplies.

9. Hot water temperatures shall be controlled to 110 degrees Fahrenheit to prevent scalding.

10. Each facility shall have at least one quiet place equipped with a reclining chair, cot or bed where a client may rest.

11. Exit areas shall be clear of equipment and debris at all times.

12. At least one telephone, which is not a pay or locked telephone, shall be immediately available in case of an emergency. A list of emergency numbers shall be posted by the telephone.

13. Supplies and equipment for emergency first aid shall be available on the premises.

An adult day care vendor shall meet the following criteria relative to meals provided to clients (on-site or contractual):

1. The adult day care vendor shall provide to clients one meal and supplementary snacks containing at least one-third of the Adult Dietary Allowance as established in the "Food and Nutrition Board of the National Academy of Science-National Research Council", 9th edition, (1980), (except as specifically excluded in a special diet plan received from a client's physician).

2. Adult day care nutrition providers must:

   . Have menus approved by an American Dietetic Association (ADA) registered dietitian/nutritionist.

   . Post menus in advance in a visible location within the day care center.

   . Assure that menus are planned for a minimum of four weeks on a menu form.

   . Develop methods to control portion sizes per section.

3. Adult day care vendors contracting for meals prepared by a catered operation shall:

   . Assure that a dietitian/nutritionist has inspected the caterer's location and receives documentation that the caterer's operation complies with all local health, sanitary and safety regulations.

   . Have written procedures for receiving and storing food on file and available for review that must include.

      i. verification of food quantities;

      ii. checking food temperatures at time of delivery;

      iii. equipment to be utilized;

      iv. steps to follow for foods that arrive above or below temperature, deteriorated food and food shortages.

   . Assure that meals are transported in equipment that maintains temperatures of hot food at 165 degrees Fahrenheit or above and cold foods at 45 degrees Fahrenheit, or below.

HOMEMAKER SUPERVISOR AND STAFF ACTIVITIES AND QUALIFICATIONS

Supervisor

Activities of a homemaker supervisor shall include:

1. preparing case notes;

2. preparing or reviewing reports and service calendars;

3. coordinating the homemakers' activities with other components of the care plan as required by Sections 240.420 and 240.710;

4. planning, preparing, and documenting weekly contact and quarterly face-to-face supervision with each assigned homemaker;

5. making semi-annual in-home supervisory visits for each homemaker;

6. making home visits as necessary to clients where changes in physical and emotional health and/or the environment have been reported as required by Sections 240.420 and 240.710.

Qualifications for a homemaker supervisor shall include:

1. be a registered nurse (R.N.) or licensed practical nurse (L.P.N.) plus have a minimum of one year of supervisory experience; or

2. a high school diploma or general education diploma plus have health service experience including at least two years of supervisory experience.

Staff

Activities of homemaker staff include, but are not limited to, the following:

1. following a client's written plan of care;

2. carrying out duties as assigned by the supervisor;

3. observing the client's functioning and reporting to the appropriate professional supervisor as required;

4. maintaining records of daily activities, observations, progress toward goals, and direct hours of service as recorded on the Hours of Service Calendar or approved facsmile;

5. participating in training, in-service training sessions and staff conferences.

Qualifications of a homemaker shall include:

1. a record of a physical examination within six (6) months prior to assignment on the job, with recertification if worker has contracted a communicable disease after the initial physical examination.

2. a high school diploma or general education diploma, or two (2) years of documented prior supervised experience as a homemaker, or demonstrate continued progress towards meeting the educational requirement of a general education diploma by current registration and evidence of successful completion of course work (successful completion means achievement of a grade of "C" or higher);

3. two years experience either in the employee's own home or from employment;

4. a basic knowledge of home management skills;

5. in addition:

   - the agency shall provide at least fifteen (15) hours of training, excluding agency orientation, to each homemaker within the first week of employment; and

   - thereafter, a minimum of three (3) hours per calendar quarter of in-service training shall be mandatory of all workers.

   - initial training may be exempt if a worker has had previous documented supervised training equivalent to fifteen (15) hours.

CHORE AND HOUSEKEEPING SUPERVISOR AND STAFF ACTIVITIES AND QUALIFICATIONS

Supervisor

Activities of a chore and housekeeping supervisor shall include:

1. preparing case notes;

2. preparing or reviewing reports;

3. providing input to the case manager on the quality, quantity, and direction of service that is needed for each client through conferences with the chore/housekeepers;

4. planning and preparing for quarterly worker conferences with each assigned chore/housekeeper;

5. making supervisory home visits at least semi-annually for each assigned employee.

Qualifications for a chore and housekeeping supervisor shall include:

1. a high school diploma or general education diploma; and

2. at least one year of formal training in a related field and two years of health service experience to include one year of supervisory experience.

Staff

Activities of chore and housekeeping staff include:

1. following a client's written plan of care;

2. carrying out duties as assigned by the supervisor;

3. keeping daily records of activities and direct hours of service as recorded on the Hours of Service Calendar or approved facsimile;

4. reporting on each case served to the supervisor as required;

5. attending training, in-service training sessions and staff conferences.

Qualifications of a chore/housekeeper shall include:

1. demonstrated housekeeping skills;

2. exhibition of a positive attitude towards the elderly or impaired;

3. the ability to communicate effectively;

4. the ability to follow oral and/or written directions;

5. a record of a physical examination within six (6) months prior to assignment on the job with recertification if worker has contracted a communicable disease after the initial physical examination; and

6. in addition:

   . new employees shall have twelve (12) hours of training, excluding agency orientation, within the first week of employment;

   . a minimum of three (3) hours per calendar quarter of in-service training shall be mandatory for all employees;

   . initial training may be exempt if the worker has had previous documented supervised training equivalent to twelve (12) hours;

   . when chore/housekeepers are required to perform non-medical personal care functions, they must receive the appropriate training and supervision from qualified professionals as required by subsection 240.132(a)(4).

STAFFING OF ADULT DAY CARE SERVICE COMPONENT

Each adult day care vendor shall have adequate personnel in number and skill (a minimum of two staff persons, one a qualified supervisor, shall be at the adult day care site at all times) to provide for:

1. continuity of direction and supervisor;

2. nursing and personal care services and dispensing medications if appropriate;

3. nutritional services;

4. planned therapeutic/recreational acitivites;

5. obtaining prompt services of emergency personnel and hospitalization, if needed;

6. immediately notifying a family member or guardian, or other responsible individual of any illness, accident or injury to the participant;

7. transportation; and

8. adequate record keeping.

The minimum ratio of full-time staff (qualified day care staff, trained volunteers or substitutes) or full-time equivalent staff to clients, when clients are in attendance, shall be:

Staff	Clients
2	1 to 12
3	13 to 20
4	21 to 28
5	29 to 35
6	36 to 45

Add one (1) additional staff person for each seven (7) additional clients.

Fifty percent or more of a staff member's time shall be spent in on-site service or supervision on behalf of one or more clients in order to be considered in the ratio.

When a staff person is fulfilling more than one position (or function) with the day care program, that person must fulfill the prescribed amount of time as outlined in the respective job descriptions for each position, e.g., administrator 1/2 time; R.N., 1/2 time.

Each adult day care employee shall have:

1. A record of a physical examination within six (6) months prior to assignment on the job with recertification if the worker has contracted a communicable disease after the initial physical examination;

2. Pre-service training totaling a minimum of twelve (12) hours within the first week of employment (exclusive of orientation). This requirement is waived for staff with a prior record of employment for at least one year in an adult day care program.

3. In-service training totaling a minimum of twelve (12) hours per year.

ADULT DAY CARE STAFF POSITIONS, QUALIFICATIONS AND RESPONSIBILITIES

The following staff shall be required of all adult day care vendors:

An Adult Day Care Program Administrator shall meet the following program qualifications:

1. have a bachelor's degree in a health or human services or related field (including, but not limited to, social or health sciences, public administration or physical education) or be a qualified health professional (Registered Nurse or Health Services Administrator); and have at least one year of work experience in a program serving the elderly.

2. existing adult day care program staff must meet the above requirement, or demonstrate one year of work experience in a program serving the elderly for each year of education being replaced (up to four) or demonstrate continual progress towards meeting the educational requirements by current registration and evidence of successful completion of course work in an accredited junior college, college or university for at least two (2) semesters (or three quarters) of each academic year. (Successful completion means achievement of a grade of C or higher in undergraduate course work and a grade of B or higher in graduate course work.)

3. assume responsibility for direction of the adult day care program.

Be responsible for the overall conduct and management of the adult day care program, including:

1. directing and supervising all aspects of the program;

2. supervision of the Program Coordinator/Director;

3. fiscal administration;

4. evaluation of the program and staff;

5. community relations.

An Adult Day Care Program Coordinator/Director shall meet the following qualifications:

1. have a bachelor's degree in health or human services or a related field (including but not limited to, social or health sciences or physical education) or be a Registered Nurse and have at least one year of work experience in a program serving the elderly.

2. existing adult day care program staff must meet the above requirement or demonstrate one year of work experience in a program serving the elderly for each year of education being replaced (up to four), or demonstrate continual progress toward meeting the educational requirements by current registration and evidence

of successful completion of course work in an accredited junior college, college, or university for at least two (2) semesters (or three quarters) of each academic year. (Successful completion means achievement of a grade of C or higher in undergraduate course work and a grade of B or higher in graduate course work.)

Be a full-time staff person supervised by the Program Administrator, and shall have the following responsibilities:

1. assuming total responsibility for the program in the absence of the Program Administrator;

2. being present at the adult day care center at all times during program hours or designating an alternative who meets the requirements 1 and 2 for an Adult Day Care Program Coordinator/Director previously stated;

3. having responsibility for the development of an individual specialized day care plan of care for each client;

4. coordinating and participating in the review of each client's specialized plan of care;

5. developing and implementing activities for an educational, recreational and social program which meets the individual needs of each client;

6. recording client's progress or reviewing client's progress recorded by other staff in the client's case record.

A program nurse shall:

1. be a Registered Nurse (R.N.) and have at least one year experience in a health care setting or be a Licensed Practical Nurse (L.P.N.) under supervision of a R.N. (either staff or contractual) with one year experience in a health care setting;

2. be at least one-half (1/2) time, on staff or contractual and shall have the following responsibilities:

   . providing and/or supervising the health service component provided at the adult day care site;

   . developing health care services to meet the needs cited in each client's individual plan of care;

   . administering and supervising medications;

   . recording each client's progress in the client's case record.

A transportation Driver/Escort shall meet all applicable requirements of the Illinois Vehicle Code (Ill. Rev. Stat., 1984 Supp., ch. 95 1/2, par 1-100 et. seq.).

Nutrition Staff shall meet the following qualifications:

1. at least one staff member must have certification from the Department of Public Health as a Certified Food Handler;

2. a Nutrition Consultant shall be a registered member of the American Dietetic Association with experience in an agency setting;

3. Provide daily meals requirements specified in subsection 240.925 (c) (3) (B) (ii).

The following optional staff, if employed by an adult day care vendor, shall meet the specified qualifications and have the specified responsibilities:

A Social Service Worker shall be under the direction of the Program Coordinator/Director and shall:

1. possess a bachelor's degree in social work or a related field and have at least one year's work experience, preferably with programs for the elderly and disabled.

2. have responsibilities including:

   . providing and/or supervising social work services;

   . developing the social work service plan component of the plan of care;

   . monitoring and recording the client's progress in the case record of each client;

   . identifying special needs of each client for additional social or mental health needs and assisting in their arrangement.

Program Aides shall:

1. have a high school diploma or general education diploma, or <u>two (2) years of prior documented experience as a program aide, or demonstrate continued progress towards meeting the educational requirement of a general education diploma by current registration and evidence of successful completion of course work (successful completion means achievement of a grade of "C" or higher)</u>;

2. have the following responsibilities:

   . assisting in individual and group programming and one-to-one relationships with the clients;

   . assume responsibility for a group of clients (under supervision of program coordinator).

The Illinois Department on Aging does not discriminate in admission to or treatment of employment in programs or activities, in compliance with the Illinois Human Rights Act, the U. S. Civil Rights Act, Section 504 of the Rehabilitation Act, as amended, and the U. S. and Illinois Constitutions.

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